



Donnelly City Water Turn On/Off Request

RVS #: _____

Turn **ON** **OFF** circle one

Property Address: _____ Owner's Name: _____

Request Date/Time: _____ Effective Date: _____

Requested By Whom: _____ Check #: _____

Signature: _____ Date Paid: _____

Contact Phone #: _____ Amount of Check: _____

Request Taken By: _____ Date: _____

Date/Time Request Given to Maintenance: _____

Completion:

Meter Reading: _____ Date Read: _____

Date of Turn **On**: _____ Date of Turn **Off**: _____

Maintenance: _____ Date: _____
signature

Notes:

