

www.mccall.id.us

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## **SHUT OFF/TURN ON REQUEST**

## APPLICATION FOR TEMPORARY WATER SERVICE SHUT-OFF/TURN-ON

Date:	Owner Name:		
Service Address:			
Mailing Address:			
City:	State:	Zip:	
Phone number(s): home		cell	
Customer Account Number:			
Date of Requested Shut-Off:		Turn-On Date:	
Agent's Name:			
Agent's Phone Number:			
than two (2) days advance notice in is further recognized that I am solely service. I agree to hold the City of Nathis request and to abide with all ap Works personnel are permitted to must be present during water turn of appointment 48 hours prior to the counderstand there will be no reduction meter is shut off. There will be a \$6 hours only. Water meter must be forecomments and the second	y responsible for make AcCall harmless for an applicable water ordinater the water meter on service. Please confessived reinstatement on in the monthly was 5.00 shut off fee and	ting the water my damages of ance regulation of on/off. Own thact Public V tof services of ter base rate a \$65.00 turn	r meter accessible for the or injury resulting from ons. Only McCall Public ner or authorized agent Vorks to make an date (meter turn on). I fee while the water on on fee during business
To avoid an after hours o	harge of \$50 for water nedule during regular b		ff and turn-on,
•	ad and agree to the terms of th		
OWNER or AGENT'S SIGNATURE:			
	•		
Rec'd by:	Motor#	Date:	Tout