

WATER SERVICE SHUT-OFF REQUEST

WATER DISTRICT NO. _____

ACCOUNT NO. _____

Property Location: _____

Parcel ID: _____

Owner of Record: _____

Mailing Address: _____

Telephone No: _____

Requested by: _____

{print name}

Comments:

OFFICE USE ONLY

Clerk _____

Date Received _____

Water Department : Date Turned Off _____

Mail completed form to:

Town of Clarendon
PO Box 145
Clarendon, NY 14429

Deliver completed form to:

Clarendon Town Clerk's Office
16385 Church Street
Clarendon, NY 14429