



WATER SHUT OFF REQUEST FORM

All requests are required to be made in person.

Name: _____

Service address: _____

Address of owner (if other than service address):

Phone number: _____

Date of service disconnection: _____

Date of service reconnection: _____

I am requesting that our water be shut off by the Madelia Water Department as to not incur a minimum billing until such time as I request that water service be restored.

I understand that there will be a \$50.00 reconnection fee (which is not refundable) at the time that water service is restored to the above address. I understand that I or a neighbor is required to be at the home when water service is restored.

Signed: _____ Date: _____