

TOWN OF ATIKOKAN - PUBLIC WORKS DEPARTMENT

Request for Water ON/OFF

Date _____ Roll No. _____

Municipal Address _____

Owner's Name _____

Telephone No. _____ Payment Received _____

Customer present at time of "turn off" or "turn on" YES _____ NO _____

(if no) Disclaimer: Property owner/representative accepts full responsibility for damages if he/she is not present at time of "turn off" or "turn on".

Any work done after normal working hours will be billed at actual costs (Except in the event of an emergency).

Signature

You are hereby requested to turn the water supply ON OFF (ON/OFF SAME DAY)

On the following date: _____ Time _____

For the following reason:

Technical Disconnect _____ Emergency Repair _____

Vacant House _____ Property Management
Representative Request _____

Customer Request _____

Non Emergency Repairs _____ Non Payment of
Water Levy _____

To Public Works Foremen:

When work is completed, please sign and return this form to Administration Office.

Date: _____
Foreman Signature

Administration Office:

New Bill Issued Y N
Cancellation Processed Y N

of days _____

Water _____

Sewer _____

Date Processed _____