WATER TURN ON/TURN OFF REQUEST FORM

CITY OF WHITE SULPHUR SPRINGS

105 W. Hampton St., P.O. Box 442, White Sulphur Springs, MT 59645
Phone: (406) 547-3911   Fax: (406) 547-3945   Email: wss@itstriangle.com

Today's Date: _____

<u>Fees:</u>
$50 On--Regular Hours
$30 Off--Regular Hours

Customer Information:

2x standard rate On/Off--Off Hours

Customer Name: _____   Phone: _____

Owner: _____

Renter: _____

New Owner: _____   Previous Owner's Name: _____

Service Address: _____

Mailing Address: _____

Forwarding Address (If Applicable): _____

Do you need your water turned on or turned off?   Circle One: **Turn OFF**   or   **Turn ON**

When would you like your water turned on/off?   Date: _____   Time: _____

NOTE: When the water is turned off, you will still be charged **$37.30**   a month.

This charge includes the following: Water Tank Debt $21.87
Sewer Base $15.43

Reason for Turn On/Off: _____

Authorized Signature/Date: _____

Customer Release/Waiver:

The customer/property owner or a representative **MUST** be present when the water is turned on or off.

The customer/property owner/authorized agent understands that City employee(s) are not plumbers, and will not and are not asked to inspect the lines or fixtures associated with the water connection to the property and/or premises.

The shut-off valve is at the curb stop within the City's right of way and the customer/property owner/authorized agent is responsible for inspecting the inside of the premises, which are served by this connection, to determine that the water is turned off and no longer flowing into the premises.

I, _____ (printed name) acknowledge that on _____ (date)

City employee(s) performed the requested water turn on/off.

I hereby release the City of White Sulphur Springs, its agents and assigns, from any liability for the requested action.

Authorized Signature/Date: _____
(Customer/Property Owner/Authorized Representative)

Public Works:

Meter Reading on Turn On/Off Date: _____   Read by: _____

Turn On/Off Completed (City Employee Initials): _____   Date: _____

City Clerk:

Fee Turn OFF:	$30	Res. 2024-15/Code 8.1.4	Proration %: _____
Fee Turn On:	$50	Res. 2024-15/Code 8.1.15(A)	
Date Fee Paid: _____			Gallons Used: Water: _____
Account Status: _____			Sewer: _____
Rate: _____			