



CUSTOMER'S WORK ORDER/AUTHORIZATION
REQUEST FOR CHANGE TO WATER SERVICE/WASTEWATER DEPOSIT REQUEST

Date of Request:	Request made by:
Date and Time Requested:	

CHANGES TO WATER SERVICE:	
Address of Request: _____ _____	Water Account #: _____
Will someone be home? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>*Note: It is required that someone is home if water is being turned on.</i>	Phone No.: _____
This request is made by the: <input type="checkbox"/> OWNER/BUSINESS OPERATOR <input type="checkbox"/> CONTRACTOR	
The work to be performed was:	
<input type="checkbox"/> TURN WATER ON	FEE: _____ (owner/contractor must be present)
<input type="checkbox"/> TURN WATER OFF	FEE: _____
<input type="checkbox"/> TURN WATER ON & OFF	FEE: _____ (same day service/regular business hours)
<i>*Note: Additional charges may apply if the requested time is outside of business hours or if the request is not a same day service.</i>	

PAYMENT INFORMATION:	
<input type="checkbox"/> Paid at time of request	
<input type="checkbox"/> To be invoiced	Mailing address: _____ _____

Please perform the above-noted work. To my knowledge, there is no dispute with any tenant(s) at this location.

To be completed by Township Staff:

Confirmed off by:	Name	Date & Time:
Confirmed on by:	Name:	Date & Time:

WHITE RIVER WASTEWATER LAGOON DEPOSITS:	
This request is made by the: <input type="checkbox"/> OWNER/BUSINESS OPERATOR <input type="checkbox"/> CONTRACTOR	
Address of Wastewater Pick-up: _____	
Amount Deposited (gal):	Number of Loads:
Date(s) Deposited:	Price Per Gallon/Load:

Name of Owner/ Contractor (please print):	
Signature of Owner/Contractor:	
Information taken by (Town staff name):	