



WATER TRANSFER AUTHORIZATION

I, _____ wish to have the water turned
(*your name*)

Off at: _____
(*old address*)

On the date of: _____

And turned on at: _____
(*new address*)

On the date of: _____

Someone must be at home for water to be turned on. Please circle the time range that is most convenient for you.

10:00 a.m.-12:00 p.m.

3:00 p.m.-5:00 p.m.

Name on water account: _____

Telephone Number: _____

Signature: _____

Date: _____