



BLOOMFIELD TOWNSHIP
DEPARTMENT OF PUBLIC WORKS
WATER & SEWER DIVISION



REQUEST TO TURN WATER ON/OFF
\*\* 24 HOUR NOTICE REQUIRED \*\*

To schedule please have form completed and call for an appointment time. Someone must be onsite with access to the home.

Please check appropriate box:

TURN WATER ON [ ] \*(see responsibility waiver below) SHUT WATER OFF [ ]

Date requested for turn on/shut off: \_\_\_\_\_

Account number: \_\_\_-\_\_\_-\_\_\_ (leave blank if unknown)

Property Address: \_\_\_\_\_

Reason for water on/off:
\_\_\_\_\_
\_\_\_\_\_

Is the home vacant or occupied? \_\_\_\_\_ Is the home heated? Yes [ ] No [ ]

Is the meter in place? \_\_\_\_\_ If not, is it still in the home? \_\_\_\_\_

Requested by:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

\* Owner or person(s) responsible for the home must sign off on the following: I understand that I assume full responsibility for protecting the meter. I am also responsible for any and all water usage while the stop box is in the on position. I am responsible for contacting the Department of Public Works to have the water turned off again, if necessary, and agree to any and all charges for this service. I understand someone must be on site for any turn on/shut off service.

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Owner's Name (printed) \_\_\_\_\_

Please fax request to 248-594-2810 or mail to:

Bloomfield Township
Attn: DPW
4200 Telegraph Road
Bloomfield Hills, MI 48303

water\_dept@bloomfieldtpw.org
Questions please call 248-594-2800

OFFICE USE ONLY
DATE RECEIVED: \_\_\_\_\_
INITIALS: \_\_\_\_\_