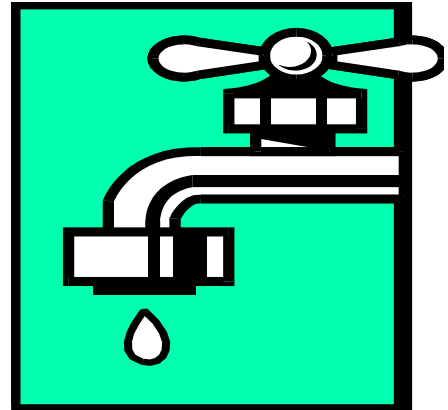


City of Oakes, ND Water Shut Off Request

115 S 5th St
Oakes ND 58474



Request for Curb Stop Shutoff:

I _____ (please print) request the water to be shut off at the curb stop on _____ (date), located at (address)

_____ .

I understand the total charge of the \$45.00 disconnect fee is to be paid at the time of this request. I understand the property must be vacant a full thirty days for billing to be suspended and I agree to inactivate the utility billing account.

Date _____ *Fee Paid* _____ *Receipt Number* _____

Return Information:

I agree to give the City at least a 24 hours notice when the water is to be reconnected and to resume the monthly utility billing for this service address effective on reconnect date. I also agree to the \$45.00 reconnection fee to be included on the first billing statement upon return.

Date Notified: _____ *Date to Reconnect:* _____

I understand that if there are any property damages or problems arising from the disconnect/reconnect of service, it is my responsibility to pay for and make necessary repairs.

Owner: _____ **Date:** _____

Phone: _____

Disconnected on _____, by _____

Reconnected on _____, by _____