



CUSTOMER'S WORK ORDER AUTHORIZATION

REQUEST FOR CHANGE TO WATER SERVICE

Date of Request: _____ Date work to be done: _____ Time: _____

Location of work: _____ Water Account number: _____

Will someone be home? Yes No Phone No.: _____
(Mandatory that someone be home if water is being turned on)

Confirmed **OFF** by whom: _____ Date: _____ Time: _____

Confirmed **ON** by whom: _____ Date: _____ Time: _____

The date and time must be confirmed when this form is filled out!

This request is made by the:

- Owner/Business Operator Contractor Town of Marathon

The work to be performed is:

- Turn water ON \$67.30 (owner/contractor must be present)
 Turn water OFF \$67.30

The owner/contractor must be present when water turned on!

- Turn water ON and OFF \$81.60 (same day service regular hrs)

Payment information

- Paid at time of request
 To be invoiced (contractor only) Mailing address: _____



Water turn on effective billing date: _____ (to be filled in by Accounts Clerk)

Water turn off effective billing date: _____ (to be filled in by Accounts Clerk)

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

Name of Customer (please print): _____

Signature of Customer: _____

Information taken by (Town staff name): _____

- Information has been entered in spreadsheet **M:4-5/4-5-15/Water Off.On/YEAR**

pc: Lorie Wall, Accounts Clerk
Lloyd Burton, Supervisor
Lee-Ann Kraan, Accounts Receivable (contractor invoicing only, not required if paid for)
Original to property file