



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 \$74.25 (owner/contractor must be present)  
 Turn water OFF \$74.25

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

- Turn water ON and OFF \$90.00 (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: Val Newberry, Accounts Clerk  
Supervisor  
Accounts Receivable (contractor invoicing only, not required if paid for)  
Original to property file