Village of Clearwater 626 Main St., PO Box 116 Clearwater, NE 68726 www.clearwaterne.com





WATER SHUT-OFF REQUEST

I,	am requesting that water and sewer services be disconting	ued
(Printed name)		
at	on .	
(Address)	(Date)	
I can be contacted at	if needed.	
	(Phone number)	

- I understand the Village is <u>not</u> responsible for any damage that occurs to the property due to the water being shut off.
- I understand there will be a \$25 reconnection fee to turn services back on.
- I understand there is still a \$5/month meter fee charged even when services are disconnected.

___ Check here if trash service is also to be discontinued at the above address.

Property owner signature

Date

FOR OFFICE USE ONLY

 Village Clerk Angie Hupp
 Date received

 Service was disconnected on ______ by _____.
 Date

Maintenance Operator Troy Behnke