



WATER SERVICE REACTIVATION REQUEST

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

METER NUMBER: _____

I am the property owner of the above listed service address. I request that the water service be reactivated at this time. I understand that the consumption charges and flat fees for water and sewer will begin to be billed on the day that the meter is reactivated. There will be a charge based on the current rates at the time of reactivation.

☐ **NO**, there has not been a change in the type of use at the premise or changes in the classification of the property type.

☐ **YES**, there has been a change in the type of use at the premise or changes in the classification of the property type.

If yes, list type of change: _____

I request the meter to be reactivated on: _____

During the scheduled time of ☐ **8–11 am** or ☐ **12:30–3:30 pm**

For the reactivation, a customer of 18 years or older must be on site.

Name of person on site: _____ Phone #: _____

Signature: _____ Date: _____

Official Use Only

Work Order: _____ Appointment Time: _____ Meter Model: _____ W/O Closed: _____

Meter Read: _____ By CR: _____ Fee \$ _____ Deact Date: _____

Pressure / Flow Test (more than 5 yr): _____ Notes: _____