



Office use only

Account#: _____

Date: _____

TEMPORARY WATER SERVICE APPLICATION

PLEASE NOTE: Sanitation can be provided for an additional fee.

2 WEEK SERVICE= \$20.00

NOTE: ANY USAGE OVER 3,000 GALLONS WILL BE BILLED TO THE HOMEOWNER

Start Date: _____ S/O#: _____ End Date: _____ S/O#: _____

4 WEEK SERVICE= \$40.00

NOTE: ANY USAGE OVER 5,000 GALLONS WILL BE BILLED TO THE HOMEOWNER

Start Date: _____ S/O#: _____ End Date: _____ S/O#: _____

Property Owner Establishing Temporary Service

Service Address: _____

Name: _____

Mailing Address: _____

Daytime Contact Phone Number: _____

PLEASE READ THE FOLLOWING AND INITIAL ON LINE

_____ I understand that temporary service is for cleanup or remodeling purposes only.

_____ I understand that if the house is occupied while on temporary service, my temporary services will be revoked and I will not be allowed to establish temporary service again at any location. I will also be subject to possible criminal prosecution.

_____ I understand that someone will need to be at the service address in order for service to be connected. **Only City Employees are to turn on or off the water.** The meter box lid is to be closed at all times. If there is no one at the house at the time the City Employee arrives, my water may not be able to be turned on and there is a chance I will have to wait until the following business day to get service.

_____ If I am not at the service address to have water connected and/or the city cannot leave the water on, I will not be refunded the fee for the temporary service nor will my temporary service be extended.

Signature: _____ Date: _____

By signing this document I hereby acknowledge the rules and regulations of the Del City Utility office