

# City of Kindred, ND

## Water Shut Off Request Form

Send to:  
 PO Box 158, Kindred, ND 58051  
 Or Drop Off at:  
 Kindred City Hall, 31 5<sup>th</sup> Ave N, Kindred, ND 58051

**Request for Curb Stop Shutoff:**

I \_\_\_\_\_ (please print) am requesting my water to be shut off at the curb stop on \_\_\_\_\_ (date), located at \_\_\_\_\_ (service address).

Initial each:

	I agree to the \$20.00 disconnect fee that will be added to my billing account.
	I agree to the \$50.00 reconnection fee (\$100.00 if outside normal business hours) to be included on my first billing statement after services are restored.
	I will notify the city office when I return, by phone, to have my services restored.

\_\_\_\_\_  
 Owner Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Email Address

*Office Use Only* ~~ UBMax Account # \_\_\_\_\_

	DATE	TIME	PW EMPLOYEE	DISCONNECT FEE POSTED (DATE/CLERK)	RECONNECT FEE POSTED (DATE/CLERK)
<b>SHUT OFF</b>					
<b>TURN ON</b>					

**Date Call Received for Reconnection:** \_\_\_\_\_ **Caller:** \_\_\_\_\_

**Date Requested for Reconnection:** \_\_\_\_\_