

Village of Monroeville 21 N Main St. ~ P.O. Box 156 Monroeville, OH. 44847

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## REQUEST FOR WATER METER SHUT OFF

Request made by:		
Date of Request:	Time:	
Location of request:		
Contact person for shut-off:		
Telephone #:	Acct. #:	
WATER SERVICE FEE: \$25.00		
OFFICE USE ONLY		
Last water read:		
Request taken by:  Name		
Faxed to Water Department:		
Date	Time	
WATER DEPT. USE ONLY		
WATER METER SHUT OFF:		
Date	Time	
METER SHUT OFF BY:Name	Date	
WITNESSED BY: Name	Date	
ADDITIONAL COMMENTS:		
FAXED COMPLETED REQUEST TO A	ADMIN. OFFICE BY: Name	
DATE:	TIME:	