

Application for Water Shut Off

Date: _____

Property Owner: _____

Property Address: _____

I hereby request that a representative of the Town of St. Armand turn my water service

OFF _____ **or ON** _____ at the curb stop on

_____ (date).

I hereby certify that I am the property owner or his/her representative and have authority to request this service.

I also agree to hold harmless the Town of St. Armand for any resulting problems or damage due to this request.

Signature

It is required that the property owner or representative be present when water is to be turned on.

Return completed form to: St. Armand Water & Sewer Clerk, PO Box 338, Town Hall, 1702
NYS Route 3, Bloomindale NY 12913

Email: starmandwatersewer@gmail.com