



DEPARTMENT

# REQUEST FOR WATER ON / OFF

I, \_\_\_\_\_  
( PRINT ) OWNER / AGENT

WO. # \_\_\_\_\_

\_\_\_\_\_ REQUEST WATER SERVICE TO BE  
PHONE #

TURNED ( ON / OFF ) \_\_\_\_\_  
DATE / TIME

AT \_\_\_\_\_  
PROPERTY ADDRESS

I DO AGREE TO VERIFY SERVICES WERE RENDERED AS

REQUESTED OF ROME CITY WATER DEPARTMENT :

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS