



Utility Shut-Off Form

All customers who request in writing and have the utilities shut-off/ discontinued will receive no billing for that particular utility for each billing period in which the service is shut-off / disconnected. They may receive billing for other services if it is not discontinued through the form below. Please remember: the billing is given on each service after it is used. (i.e if you shut-off or discontinue services on January 15th you still will receive a bill for usage on February 1st.)

Property Address: _____

Utilities to be shut-off or discontinued:

Water/ Sewer Trash Service

Person Initiating Shut-Off:

Property Owner: Phone Number _____

Property Tenant: Phone Number _____

(Must have approval from listed property owner)

Printed Name

Signature

Edgewater Staff: Staff Person: _____

Reason:

Vacant Home Failure to pay Meter Read Other: _____

I, _____ at the property _____
Edgewater, Colorado, wish to shut-off/ discontinue services selected above on
_____ of _____. **I understand that I will need to give 2-day
notice to the City of Edgewater before having any of these services re-started.**

Signature

Date

Please forward all billing to:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Office Use Only:

___ Water/ Sewer Notes:

___ Trash Notes:

Shut-Off Date: _____

Shut-Off Date: _____

Staff Signature



Utility Turn-On Form

All customers who request in writing and have the utilities turned-on/ continued will receive a bill for that particular utility for each billing period in which the service is on. This form is the start of two day notice needed to be issued to the City to have services started.

Property Address: _____

Utilities to be turned-on or continued:

Water/ Sewer Trash Service (*Need to fill out Trash form*)

Person Initiating Turn-On:

Property Owner: Phone Number _____

Edgewater Staff: Staff Person: _____

Reason:

New Occupant Payment Meter Read Other: _____

I, _____ at the property _____
Edgewater, Colorado, wish to turn-on/ continue services selected above on
_____ of _____. **I understand that I will be billed for all
services that are started per this form.**

Signature

Date

Please forward all billing to:

Name: _____ Address: _____

City: _____ State: ____ Zip: _____

Office Use Only:

___ Water/ Sewer Notes:

___ Trash Notes:

Turn-On Date: _____

Turn-On Date: _____

Staff Signature