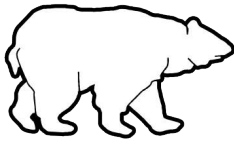


THE CORPORATION OF THE TOWN OF COCHRANE

ONTARIO, CA



COCHRANE

WONDERFULLY UNEXPECTED

WATER AND WASTEWATER SERVICES

WATER ON/OFF REQUEST

Date: _____

Name: _____

Civic Address: _____

Name: _____

is request that the Water Service to be Shut off or Turned on at the above address on (date) _____.

I am the owner of the above mentioned address.

In addition, as per Resolution #80-2011, the rates are as follows:

May 1st to October 31st - \$ 55.00 (each)

November 1st to April 30th - \$110.00 (each)

Signature: _____

To be completed by office staff

Work Order #: _____

Employee receiving: _____

Request: _____ Account#: _____

To be completed by outside operator

Date Work Completed: _____ Completed by: _____

If unable to shut off – reason why: _____

