

Town of Stratford *Water Turn On/Off Form*

PO Box 366
1956 US Rt. 3
Stratford, NH 03590
(603) 922-5533



Name: _____ Date: _____

Service Address: _____ Phone: _____

WATER-SEWER OFF

Date you would like water turned off: _____

Forwarding address for your final bill: _____

Final meter reading: _____

Comments/Special Instructions: _____

Office Use:

Send final bill on (date) _____

\$25.00 shut off fee (*this fee will be applied to your next water bill*)

Notice given to Water Department on _____ by _____

WATER-SEWER ON

Date you would like water turned on (or call with date): _____

Comments/Special Instructions: _____

Office Use:

Begin bill in month of: _____

\$25.00 Turn on fee (*this fee will be applied to your next water bill*)

Notice given to Water Department on _____ by _____

*By signing below, you understand that the Town of Stratford requires that someone be present when water service is turned on/off. The Town of Stratford is not responsible for any damage to your home resulting from interior plumbing failures.

Signature: _____