



TEMPORARY SERVICE DISCONNECT REQUEST

I am requesting the Town of Ossian turn off utility service at _____ as of this date _____. I am the legal owner of the above referenced property and have authority to request the discontinuation of service. I understand that billing for water and sewer will be suspended during the turn off period, but that stormwater and garbage billing will continue on a monthly basis.

I agree to notify the town 2 days in advance of the day I want service restored, to set an appointment. Appointments are available Monday thru Friday between 7:00 am and 3:30 pm. I accept responsibility for the \$25.00 turn-off fee. I understand that someone needs to be in the property at the time of the reconnect appointment. I agree that the Town of Ossian employees are solely and exclusively authorized to turn service on or off. Any person not a Town of Ossian employee attempting to turn service on or off shall be construed as having committed a criminal act, and shall be handled accordingly by the Ossian Police Department.

Any variance from this agreement may result in changes to the suspended billing status.

Name (Print) _____

Name (Signature) _____

Address _____

Phone _____

Emergency contact name _____

Emergency contact number _____

Estimated service restore date _____