

# City of Kindred, ND

## Water Service Disconnect/Connect Request Form

Send to: PO Box 158, Kindred, ND 58051  
 Or Drop Off at: Kindred City Hall, 31 5<sup>th</sup> Ave N, Kindred, ND 58051

I \_\_\_\_\_ (please print name) am requesting water service to be

(circle one) **SHUT OFF/DISCONNECTED** or **TURNED ON/CONNECTED**

at the curb stop on \_\_\_\_\_ (date requested), for the property located at

\_\_\_\_\_ (service address).

Initial each:

	I agree to the \$20.00 disconnect fee that will be added to my billing account.
	I agree to the \$50.00 reconnection fee (\$100.00 if outside normal business hours) to be included on my first billing statement after services are restored.
	If disconnected, I will notify the city office when I return, to have my services restored.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

*Office Use Only* ~~ Utility Billing Account # \_\_\_\_\_

	DATE	TIME	PW EMPLOYEE	DISCONNECT FEE POSTED (DATE/CLERK)	RECONNECT FEE POSTED (DATE/CLERK)
<b>SHUT OFF</b>					
<b>TURN ON</b>					

**Date Call Received for Reconnection:** \_\_\_\_\_ **Caller:** \_\_\_\_\_

Clerk Initials: \_\_\_\_\_

**Date Requested for Reconnection:** \_\_\_\_\_ **Caller:** \_\_\_\_\_

Clerk Initials: \_\_\_\_\_