TOWN OF CHINCOTEAGUE, INC.

WATER SERVICE TURN-ON/OFF APPLICATION

I REQUEST AND AUTHORIZE THE TOWN OF CHINCOTEAGUE TO TURN WATER

_____ TO MY PROPERTY AT
ON OR OFF

_____ ON
911 SERVICE ADDRESS

_____ FOR THE FOLLOWING REASON:
DATE

(A) ☐ SEASONAL

(B) ☐ PLUMBING REPAIRS

(C) ☐ LEAK

(D) ☐ OTHER (EXPLAIN) _____.

WATER ACCOUNT NUMBER _____.

_____ _____
SIGNATURE OF OWNER OR AGENT *DATE*

NO ACTION WILL BE TAKEN UNTIL THIS FORM IS COMPLETED, SIGNED AND RETURNED TO THE TOWN.

7/94

6150 COMMUNITY DRIVE, CHINCOTEAGUE ISLAND, VIRGINIA 23336
(757) 336-6519 FAX (757) 336-1965