

# Town of Hounsfield

## Seasonal Water Service Request

Date of request \_\_\_\_\_

Date service needed \_\_\_\_\_

Property owners name \_\_\_\_\_

Physical address of service request \_\_\_\_\_

Service needed : Water turned on \_\_\_\_\_ ( In either case, the homeowner or their  
Water turned off \_\_\_\_\_ designee, must be present to verify the  
Service was completed )

Date and time of service performed \_\_\_\_\_

Verified by:

\_\_\_\_\_  
Town Water Department

\_\_\_\_\_  
Property Owner ( Designee )

\_\_\_\_\_  
I, \_\_\_\_\_ am the owner of the property located at, \_\_\_\_\_  
\_\_\_\_\_, and do hereby authorize \_\_\_\_\_  
to act on my behalf, in my absence, with regard to my water service.

\_\_\_\_\_  
Town Water Department

\_\_\_\_\_  
Homeowner