

Village of Malone 343 West Main Street, Malone, NY 12953 Ph: (518) 483-4570 Fax: (518) 481-6737 or (518) 483-0351 www.villageofmalone-ny.com

## Water On/Off Request Form

Name:	Date:	
Service Location:	Phone:	
Desired Turn ON Date:	Desired Turn OFF Date:	
Reason for Shut Off:		
Comments/Special Instructions:		
Tax Map #:	Utility Account #:	
5. If the property owner is not present, a stater	ctions by our staff. ver water is to be turned on. at no other location. I future date, <b>it must be turned on by Village Staff.</b> nent must be provided authorizing the request for service for any problems or damage due to the request for service	
Signature:	Date:	
OFFICE USE ONLY:		
Fee: \$15 or \$30 Date Paid:	Paid By: CASH / CHECK / CREDIT	
Notice given to Water/Sewer Department on	by	
Water Turned <b>ON / OFF</b> By:	Date:	
Water Turned <b>ON / OFF</b> By:	Date:	