Scheduled water shutdown days are **Wednesday** and **Thursday**, between 9:00 A.M. and 12:00 NOON. A minimum of Forty-Eight (48) hours is required prior to the requested date of shutdown.

Shutdown Date:		_Tower:	Apartment #:	
Owner's Name:				
Home Phone #:		Work Phone #:		
Reason for the water	er shutdown (please descri	be in detail):		
PLUMBER'S INFORMATION				
Name:		Phon	e #:	
	d off promptly at 9:00 A.M. This will take approximate		zone needs to be drained prior to	
The Security Depar	tment (524-1255 ext. 1) mu	ust be contacted when:		
-	•		vork. turned back on. This provides	
trol valve. We need		the water is completely tur	when we encounter a defective conned off. This will help the plumber	

## WATER SHUTDOWN ACKNOWLEDGMENT

I HAVE READ AND UNDERSTAND THE PROCEDURES INVOLVED IN THE WATER SHUTDOWN PROCESS.

OWNER'S SIGNATURE:	DATE: