

VILLAGE OF SCHOOLCRAFT
WATER DEPARTMENT

REQUEST FOR WATER TO BE SHUT OFF

NAME _____

ADDRESS _____

PHONE: _____

SHUT OFF DATE _____

REASON: _____ VACATION _____ WORKING ON PLUMBING _____ OTHER

PLEASE EXPLAIN: _____

(There is a \$50 fee for water turn on/off service)

If possible, please give at least 24 hours notice to turn water off and back on.