## River Pines Public Utility District (RPPUD)

22900 Canyon Ave., PO BOX 70 River Pines, CA 95675 (209) 245-6723 / Fax (209) 245-5710

## WATER SHUT OFF REQUEST

Please note that a TURN ON form must be completed, signed and on file with the RPPUD along with a RECONNECT FEE OF \$60.00 before your water will be turned on again.

Service Address: Date of Request: Date of Shut off: (Notice must be given at least 48 hours prior to scheduled sh		Date of Request:
		t least 48 hours prior to scheduled shut off)
Owner of Record:		
Owner's Address:		
Telephone No.:	(day)	(evening)
Name of Person Submitting Requ	uest:	(If different from Owner)
If person submitting this request	is <b>not</b> the owner of record of	the property, then state your legal
interest in the property and author	ority to make this request (You	u must file a copy of all documents
evidencing claimed interest with	this request):	
We request someone be present v	when the water service is shut	off whenever possible.
Please check <b>and</b> initial below:		
Someone will be present at	t the time the water service is	shut off. (Initial)
Person present at the time of shut	t off:	
Time of shut off:		
Best Contact Phone number:		_
No one is to be present at t	he time the water service is sl	hut off. (Initial)
identified above and therefore, I I (RPPUD) to shut off water service	have authority to direct the Rice to the above referenced pro	perty. I understand there will be no
reduction in monthly water and I further state acknowledge and	•	while the water meter is shut off. responsibility for any damage to or in
the property that may result from	the shut off of water sevice t	o the property. I further agree to waive
any right to any claim or liability or loss on the property as a result		ease the RPPUD from any damage to ccordance with this Request.
Signature of Requester		