

Utility Turn On/ Shut Off Application

___ Gas ___ Turn On Date ___ Turn Off Date ___ Inspection Date

___ Water ___ Turn On Date ___ Turn Off Date ___ Inspection Date

Note: Utilities may be turned on for a maximum of 5 days.

I _____ certify that I am the agent for the property owner _____ and is requesting temporary utility service as stated above for property located at _____ New Haven, MO 63068 for the purpose of making property inspections. By my signature below, I certify that I have the authority to make this request on behalf of the property owner. I understand that I am responsible for any and all utility charges request and will be billed for usage, if any, following the disconnection of service.

Signature: _____

Home Owner Agent: _____

Agent Phone Number: _____

Agent Address: _____

Home Owner Name: _____

Owner Contact Name: _____

Owner Phone Number: _____

Owner Address: _____

Note: Water Turn On/Off Fee \$25.00

Gas Turn On/Off Fee \$25.00