



Water Turn Off/On Form - WINTER/VACANT

Use this form if you are turning the water off because you will be away for the winter or if the home is vacant-if you are moving & need to terminate billing, do termination form

Today's Date _____ Account Number (if known): _____

Name on Account: _____

Service Address: _____

WATER OFF – Please provide at least 1 business day notice

Will someone be there at turn off? Yes / No (Note: **we can't guarantee your water is off if no one is there to check inside the home**)

Date to turn water off: _____ Time to meet (choose time between 7:30-11:30 or 1-2:30) _____

Contact name & phone number on date of water turn off: _____

Would you like your final bill forwarded? Yes / No (we do have autopay)

If yes - forwarding address for your final bill (**our mail will not forward if sent to your Baxter address**):

Comments/Special Instructions: _____

By signing below, you acknowledge that **The City of Baxter highly recommends that someone be present when water service is turned on or off.** If you decide to have your water turned on or off while no one is present, the City of Baxter is not responsible for any damage to your home. In addition, you understand that you are responsible to pay the monthly amount for storm water and the MN test fee each month you are away, even though your water service is turned off. If you are a landlord, you certify that the home is unoccupied. **When you request water turned back ON, Please provide at least 1 business day notice to (218) 454-5121.**

SIGNATURE:

OFFICE use: water ON

Date & time to turn water on: _____ Will you be present at turn on? Yes / No

Contact name & phone number for turn on: _____

OFFICE Use Only: Water Off

- | | |
|--|---|
| <input type="checkbox"/> Notice given to PW Department on SOT# _____ | <input type="checkbox"/> \$15 Turn Off Fee |
| Date _____ Given by _____ | <input type="checkbox"/> Final MR |
| <input type="checkbox"/> Send final bill for season in month of _____ | <input type="checkbox"/> Add SW & MN Test Fee |
| <input type="checkbox"/> Account Status – Vacation & Hold Status – Temporary | <input type="checkbox"/> Bill Notes – Adj Sticker |
| <input type="checkbox"/> Alternate Address if forwarding bill | <input type="checkbox"/> Comment |

DATE >			TOTAL
Stormwater			
MnTest			
Water			
Sewer			
WP Fee			

OFFICE Use Only: Water On

- | | |
|--|---|
| <input type="checkbox"/> Notice given to PW Department on SOT# _____ | <input type="checkbox"/> \$15 Turn On Fee |
| Date _____ Given by _____ | <input type="checkbox"/> New MR |
| <input type="checkbox"/> Begin billing in month of _____ | <input type="checkbox"/> Add SW & MN Test Fee |
| <input type="checkbox"/> Account Status – Vacation & Hold Status – Temporary | <input type="checkbox"/> Bill Notes – Adj Sticker |
| <input type="checkbox"/> Remove Alternate Address if forwarding bill | <input type="checkbox"/> Comment |

DATE >			TOTAL
Stormwater			
MnTest			
Water			
Sewer			
WP Fee			