VILLAGE OF GNADENHUTTEN
UTILITY DEPARTMENT
SHUT OFF – AND / TURN-ON NOTICES

BOX 148 GNADENHUTTEN, OHIO 44629

DATE NOTIFIED:_____

ACCOUNT #_____ NOTIFIED BY:_____
Customer

NAME _____REPORTED TO _____
Office person

ADDRESS_____

SHUT-OFF DATE_____ IF NEW METER IS INSTALLED NEED OLD METER READING & DATE

OLD METER RDG. DATE READ

_____ _____
NEW METER RDG. DATE READ

TURN-ON DATE_____

WATER SHUT OFF AT CURB:_____YES
(CHECK ONE) _____NO

READING:_____DATE SHUT OFF_____

TIME OF SHUT OFF _____

REASON FOR SHUT OFF OR TURN ON: MEMO:_____

_____ _____

_____ _____

SIGNED BY:_____
(PERSON MAKING SHUT OFF OR TURN ON)