



**Sheridan Area Water Supply Joint Powers Board  
APPLICATION FOR CHANGE IN ACCOUNT  
SHUT OFF / SUSPENSION / BILLING RESPONSIBILITY**  
(Application shall be made for each tap requested)



**SERVICE ADDRESS:**

	SHERIDAN	WY	82801
<b>Number</b>	<b>Street</b>	<b>City</b>	<b>State ZIP</b>

**APPLICANT(s):**

First Name(s)	Last Name(s)
_____	_____
_____	_____

**MAILING ADDRESS: (If different than the address of the property served)**

Number	Street	City	State	ZIP
_____	_____	_____	_____	_____

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Owner requests water service to the service address shut off and the minimum monthly base rate be temporarily suspended.**  
**Note: Suspension of the minimum monthly base rate will begin for the month following the month of approval. Billing for the minimum monthly base rate will begin again once water is used at the service address or requested by the owner. When water service is temporarily shut off, and later turned on at the request of any Customer, the actual cost of such disconnection and reconnection, but not less than (\$100.00), shall be paid by the Customer.**

**SIGNATURE(S):** \_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	
Date Received: _____	Approved [ ] Denied [ ]
_____	_____
Sheridan Area Water Supply Joint Powers Board Administrator/Project Manager	Date Approved
Date was sent to City of Sheridan: _____	