



**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

Number

Street

City

State

ZIP

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: _____

OFFICIAL USE ONLY

Date Received: _____

Approved []

Denied []

Sheridan Area Water Supply Joint Powers Board Administrator/Project Manager

Date Approved

Date was sent to City of Sheridan: _____