



**STOP !!! BEFORE YOU PROCEED...**  
 Is this a continuance for water that has previously been requested off and is currently off? **YES / NO**

DATE OF LAST REQUEST: \_\_\_\_\_



**CITY OF WILMINGTON**  
**DIVISION OF REVENUE/CUSTOMER SERVICE - 1<sup>ST</sup> FLOOR**  
**800 N FRENCH STREET, WILMINGTON, DE 19801**  
**PHONE#: (302) 571-4320 FAX#: (302) 571-4195**

**CUSTOMER TURN OFF/ON SERVICE REQUEST FORM**

*City of Wilmington Code Sec. 45-87. UPON CUSTOMER REQUEST.*

*Whenever an owner desires to have his service contract terminated or his water service discontinued, he shall notify the department to that effect in writing. A charge of \$40.00 shall be made for shutting off the water. When the property is occupied, the owner shall pay the facilities charge in advance for the balance of the applicable billing period, as well as any other charge due, and the department shall turn on the water for which an additional charge of \$40.00 shall be made. (Code 1968, § 47-59; Ord. No. 95-011(sub 1), § 2, 3-2-95)*

**Requirements for Request**

1. You will be responsible to clear all charges incurred prior to the actual shut off date plus the accumulated penalty and interest.
2. Your account will automatically be charged a **\$40.00 turn off fee** and a **\$40.00 turn on fee**.
3. All request for water shut-offs will remain in effect for **1-year** from the date of turn off indicated below. Your account will **not** be billed during the 1-year period. After this period your account will automatically start to receive bills. If you would like your service to remain off, you must submit **another request 30days prior to the 1-year expiration date**. If we fail to receive a CUSTOMER OFF/ON SERVICE REQUEST FORM within the established time frame, it will result in charges to your account.
4. Complete this form and return to City of Wilmington at least **72 hours prior to request**.

**PLEASE PRINT LEGIBLY AND COMPLETELY**

Requestor's /Company Name: \_\_\_\_\_ Contact #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Service Address: \_\_\_\_\_ Acct #: \_\_\_\_\_

Mailing Address, if different than service address: \_\_\_\_\_  
 \_\_\_\_\_

**-Except for emergencies, Turn Off/On hours are 9am to 4pm Monday -Friday ONLY-**

Turn **OFF** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Turn **ON** Date: \_\_\_\_\_ Time: \_\_\_\_\_

*SOMEONE MUST BE PRESENT FOR SERVICE TO BE TURNED ON*

Meter Removed (Y/N): \_\_\_\_\_ Is there a demolition scheduled for this property? (Y/N): \_\_\_\_\_

**Printed Customer's Name:** \_\_\_\_\_

**Customer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**INTERNAL USE ONLY**

Original Request Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ **CSR Initials:** \_\_\_\_\_ **Phone#:** (302) 571-4320

Sent to Public Works: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received Update: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Acct Charged: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PW Actual Shut-Off Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Meter Reading:** \_\_\_\_\_ **Taken By:** \_\_\_\_\_

PW Returned Documentation to CSU: \_\_\_\_\_