

LaVale Sanitary Commission

P.O. Box 3325
1 Roselawn Ave
LaVale, MD 21504-3325
301-729-1638

WATER SHUT-OFF REQUEST

I, _____ hereby request water service
(Name)

at _____
(Service Address)

to be terminated on _____
(Date)

I am aware that this renders any internal fire suppression or hot water heating system inoperable.

(Signature)

(Date)

Final Reading: _____

Account No: _____