

Fairview Acres Water Lateral User Association, Inc.
Water Shut Off Request & Approval Form

Requested by: _____ Telephone No. _____
Address: _____ Parcel _____
Email: _____

Anticipated: Start Date of Project _____ Completion Date _____

Describe the changes or improvements for which you seek review and approval to have the lateral shut down. Please be as specific as possible. _____

Identify all documents that are attached to this request. Plans _____ Samples _____ Drawings _____
Permits _____ Specifications _____ Other _____

Fees Required

For the first 3 days of shutoff: \$150 per day

For each day exceeding 3 days: \$500 per day not to exceed 7 days.

REQUESTOR IS SOLELY RESPONSIBLE FOR ANY DAMAGE TO ADJACENT PROPERTIES INCLUDING COMMON AREAS.

Requestor's Signature: _____ Date Submitted: _____

Completed Project Reviewed By & Date

Check Returned By & Date

Board of Directors Review Section

Site Inspected Date: _____ By: _____

Recommendation to Board of Directors: To Approve _____ Not Approve _____

Conditional upon: _____

Referred to Board of Directors on: _____ Committee Member's Signature _____

Board of Directors: Approved _____ Not Approved _____ Board of Director's _____ Date _____

Signatures: _____