



CITY OF BELLINGHAM WATER SERVICE SHUT OFF REQUEST FOR TEMPORARY DISCONTINUANCE

Office Use Only:

Acct#:

Route:

Map

Status

Fees

Event

Note

Owner Name _____ Phone _____

Service Address _____ Customer # _____

Effective Date of Shut Off _____

Reason for Discontinuance _____

Estimated Duration _____

If Rental Property, Date of Vacancy _____

Signature _____ Date _____

There is a \$25 fee billed to the account for each occurrence. Water must be off minimum 30 days. Will call requests only kept on file one year. Request by owner only.



CITY OF BELLINGHAM WATER SERVICE TURN ON REQUEST AFTER TEMPORARY DISCONTINUANCE

Office Use Only:

Acct#:

Route:

Map

Status

Fees

Event

Note

Owner Name _____ Phone _____

Service Address _____ Customer # _____

Effective Date of Turn On _____

If Rental Property Bill to: OWNER _____ TENANT _____

Signature _____ Date _____

There is a \$25 fee billed to the account for each occurrence. Will call requests only kept on file one year. Request by owner only.

Please submit the completed form to:
 Mail: City of Bellingham Fax: 360-778-8001
 Finance Department Email: utilitybilling@cob.org
 210 Lottie Street
 Bellingham, WA 98225.
 Please contact Finance at (360) 778-8011 if you have any questions.