



Village of Malone
343 West Main Street, Malone, NY 12953
Ph: (518) 483-4570
Fax: (518) 481-6737 or (518) 483-0351
www.villageofmalone-ny.com

Water On/Off Request Form
(24 Hour Notice Required)

Tax Map #: _____ Utility Account #: _____

Name: _____ Date: _____

Service Location: _____ Phone: _____

Desired Turn ON Date: _____ Desired Turn OFF Date: _____

Reason for Shut Off: _____

Comments/Special Instructions: _____

*By signing below, you understand the following:

1. Water turn on/off fees are due prior to any actions by our staff.
2. The property owner (or written permission for an alternate representative) must be present when water is to be turned on/off.
3. Water will be turned off at the curb stop and at no other location.
4. Should water need to be turned back on at a future date, **it must be turned on by Village Staff.**
5. If the property owner is not present, a statement must be provided authorizing the request for service.
6. The Village of Malone shall be held harmless for any problems or damage due to the request for service.
7. Outside of Business Hours Monday – Friday 7am - 3pm additional fees will be added.
8. Village Of Malone Law 63-6 No vacancy credit shall be allowed for portions of a billing period.

Signature: _____ Date: _____

OFFICE USE ONLY:

Fee: \$15 or \$30 Date Paid: _____ Paid By: **CASH / CHECK / CREDIT**

Notice given to Water/Sewer Department on _____ by _____.

Water Turned **ON / OFF** By: _____ Date: _____

Water Turned **ON / OFF** By: _____ Date: _____