

FLATHEAD COUNTY WATER DISTRICT #101

PO BOX 1141, Columbia Falls, MT 59912
FCWD101@GMAIL.COM

ORDER FOR ABANDONMENT OF WATER SERVICE

REQUESTED SHUT OFF DATE: _____

ACCOUNT #:_____

CUSTOMER NAME:_____

MAILING ADDRESS:

SERVICE ADDRESS:

I certify that I own the property at the above listed service address. I also certify that that removing this service will not endanger human health or life or cause property damage to the listed service address. I agree to hold harmless Flathead County Water District 101 and its contractors for any harm or unanticipated consequences arising from this request. In addition, I am aware that if water service is to be re-established at this address, Plant Investment Fees, Hook up fees and any costs associated with bringing the service into compliance with District standards at the time of reconnection will be required to be paid prior to reconnection.

Signature _____ Date _____

Printed Name _____

FOR OFFICE USE ONLY
Date of Disconnect _____