



Service Termination Request

Requester Name: _____

Requester Address: _____

Mailing Address: (If Different from Requester Address): _____

Property Owner: _____

Contact Person: _____ Phone: _____

Email Address: _____

Type of Account: [] Residential [] Commercial
[] Industrial [] Other (Specify): _____

Property Number: _____

Type of Termination: [] Temporary [] Ownership Transfer [] Permanent

Number of Units on the Property: _____. Are you residing in the property? [] Yes [] No

Are you renting this property or any units in this property to a third party or parties? [] Yes [] No

If so, provide the requested information on the attached List of Tenants (found on the reverse side of this form).

Date Service Required: _____

I, the undersigned, understand that the water service line is the property owner's responsibility, and that Capital Region Water or its Management Agent, is not responsible for leaks which may result from service termination.

If individuals or entities other than you, the undersigned, occupy the property (e.g., tenants) for which you are requesting water service termination, you must notify Capital Region Water at once, because Federal and/or State law may require notification to all such occupants of said property of the proposed termination of water service prior to actual termination.

Signature of Requester

Date

A Fee of \$55.00 payable to "Capital Region Water" must accompany this Request.

Submit form and payment in-person or by mail to:

Capital Region Water
Customer Service Center
3003 North Front Street
Harrisburg, PA 17110

Capital Region Water Use Only

Inspection Date: _____ Inspector: _____

Main Size: _____ Meter Size: _____ Meter Number: _____

Tap Size: _____ Meter Make: _____ Meter Reading: _____

Type (Material) of Service: _____

Location of Service: _____

Curb Box to Grade: [] Yes [] No

Curb Box Accessible: [] Yes [] No

Valve on Curb Side of Meter: [] Yes [] No

Type: _____

Backflow Preventer Installed: [] Yes [] No

capitalregionwater.com
888-510-0606

List of Tenants

Account Name: _____
 Account Address: _____
 Mailing Address: _____
 Property Owner: _____
 Contact Person: _____ Phone: _____
 Property Number: _____
 Number of Units in Property: _____

1. *The following is a complete list of all residential units, unoccupied or occupied, for which the undersigned requests the termination of water service, and if any such units are presently occupied by tenants, the names and addresses of such tenants:*

	Unit No.	Address	Names of Tenants, if occupied
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

2. *The undersigned hereby certifies that the above listed units are either unoccupied, or if occupied, the tenants occupying such units have consented in writing to the proposed termination of water service.*

3. *If the undersigned is unable to make the certification in paragraph 2 above, the undersigned acknowledges that the termination of water service will not occur until either (a) the above-named tenants have informed Capital Region Water orally, or preferably in writing, of their consent to the termination; or (ii) Capital Region Water notifies the tenants of the proposed termination and of their rights under the Commonwealth of Pennsylvania's Utility Service Tenants Rights Act.*

4. *The undersigned executes this Supplement to the Service Termination Request with full knowledge that ANY FALSE STATEMENTS MADE ARE PUNISHABLE CRIMINALLY.*

Date: _____ (Name)
 _____ (Address)

 Sworn to and subscribed before me this _____ day _____ (Telephone)
 of _____, _____ .

*** THE UNDERSIGNED MUST HAVE THIS DOCUMENT NOTARIZED.**

Notary Public

Submit form and payment in-person or by mail to:

**Capital Region Water
 Customer Service Center
 3003 North Front Street
 Harrisburg, PA 17110**