

capitalregionwater.com 888-510-0606

Service Disconnection Request

Requester Name:						
Requester Address:						
Mailing Address: (If D						
Property Owner:						
Contact Person:						
Email Address:						
Type of Account:	□ Industrial	☐ Other (Specify):				
Property Number: _						
Type of Disconnection	on: 🗆 Water	☐ Sewer/Storm	□ Both			
Number of Units on	the Property:	Are yo	ou residing in the	e property?	□ Yes □	No
Are you renting this If so, provide the red Date Service Require	quested informati	ion on the attached	List of Tenants	found on tl		
l, the undersigned, und its Management Agent	derstand that the wa is not responsible f	ater service line is the or leaks which may re	property owner's esult from service o	responsibility disconnection	, and that Caր	oital Region Water o
Disconnection Instruct		sconnect service at the sconnect lateral less t				
If individuals or entitie service disconnection, all such occupants of s Capital Region Water information concerning Capital Region Water a including, but not limit resulting from your fail	you must notify Cap aid property of the of the presence of g the identity of sucl and the City of Harr ed to, the cost of de	oital Region Water at of proposed disconnection other occupants or noccupants or tenant risburg against any alefense, arising out of	once, because Feder ion of water service tenants at the properties, will result in you and all claims, fees, or in any way conr	eral and/or Sta e prior to acturoperty, or to having to ind expenses, lo	ate law may re ual disconnect provide con emnify, hold l psses, damage	equire notification to tion. Failure to notify nplete and accurate narmless and defendes, liability and cost
	Signature of Red	quester			Date	
A Fee of \$5	5.00 per disconnec	tion, payable to "Ca	pital Region Wate	er" must acco	ompany this	Request.
Submit form and pa	yment in-person	or by mail to:				
		Customer S 3003 North	egion Water ervice Center Front Street g, PA 17110			
		Capital Regio	n Water Use	Only		
Inspection Date:		Inspector:				
Main Size:		Se	rvice Size:			
Disconnected by:						
Note:						

SS:NK



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	LIST	of Tenants
ount Name:		
perty Owner:		
		Phone:
nber of Units in Property:		
		pied or occupied, for which the undersigned requests the disconnection of water service, names and addresses of such tenants:
Unit No.	Address	Names of Tenants, if occupied
,	certifies that the above listed units a d disconnection of water service.	are either unoccupied, or if occupied, the tenants occupying such units have consented
will not occur until eithe	r (a) the above-named tenants have pital Region Water notifies the teno	agraph 2 above, the undersigned acknowledges that the disconnection of water service informed Capital Region Water orally, or preferably in writing, of their consent to the ants of the proposed disconnection and of their rights under the Commonwealth of
4. The undersigned execut PUNISHABLE CRIMINALL		Disconnection Request with full knowledge that ANY FALSE STATEMENTS MADE ARE
:		(Name)
		(Address)
		·
rn to and subscribed		
re me this	day	(Telephor
	·	
		* THE UNDERSIGNED MUST HAVE THIS DOCUMENT NOTAR
Notary Public		Sits Educates most that this second it itelan

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

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