



Office Use Only:
Account #: _____
Route: _____

CITY OF BELLINGHAM TEMPORARY DISCONTINUANCE “Turn Off” OF WATER SERVICE REQUEST

Owner Name _____ Phone _____
Service Address _____ Acct # _____
Effective Date of Shut Off _____
Reason for Discontinuance _____
Estimated Duration _____
If Rental Property, Date of Vacancy _____
Signature _____ Date _____

There is a \$25 fee for each occurrence.

CITY OF BELLINGHAM WATER “Turn-On” WATER SERVICE REQUEST

Owner Name _____ Phone _____
Service Address _____ Acct # _____
Effective Date of Turn On _____
If Rental Property Bill to: OWNER _____ TENANT _____
Signature _____ Date _____

There is a \$25 fee for each occurrence.

Please submit the completed form and fee to:
Attention: Utilities
City of Bellingham
Finance Department
210 Lottie Street
Bellingham, WA 98225.

Please contact Finance at (360) 778-8010 if you have any questions.