



VILLAGE OF MINERVA UTILITIES

209 N. Market St.
Minerva, OH 44657
Phone: (330) 868-7705 ext. 106

WATER OFF/ON AUTHORIZATION FORM

DATE _____ ACCOUNT NUMBER _____

NAME _____

SERVICE ADDRESS _____

I hereby authorize the Village of Minerva to discontinue my water/sewer service on
_____ (date).

List local contact in case of emergency (or phone number where you can be reached):

Name: _____

Phone Number: _____

Address to send seasonal final to:

I understand it is my responsibility to turn water off inside the residence (at the meter) prior to my departure. The Village of Minerva will not be responsible for any damages that may occur due to freezing or any other issues related to water leakage. To reestablish service, I will notify the Village of Minerva at least 3 days prior to my return in one of the following ways:

Phone: (330) 868-7705 ext. 106

Mail: Village of Minerva Utilities, 209 N. Market St., Minerva, OH 44657

Email: pattiw@ci.minerva.oh.us

**** An emergency or after hours call will result in a \$50.00 charge. ****

Signature of Account Holder