

**THE FOLLOWING MUST BE COMPLETED BY THE PROPERTY OWNER OR PROPERTY MANAGER BEFORE THE CITY OF ROSEVILLE CAN COMPLETE YOUR REQUEST**

Date: \_\_\_\_\_

RE: REQUEST FOR WATER OFF AT: \_\_\_\_\_

I \_\_\_\_\_ am the property owner/manager for the above referenced property located in the city of Roseville, Michigan. I am requesting the City of Roseville turn the water off at the curb box.

I will, in no way, hold the City of Roseville responsible for any and all damage that may occur as a result of this action.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_

\_\_\_\_\_  
PHONE NUMBER

Email – [wateroffice@roseville-mi.gov](mailto:wateroffice@roseville-mi.gov)  
Fax – 586-498-1637