

Homeowner Last Name _____

Village of Pentwater Water Service Request

Turn Off

Turn On

Homeowner _____

Service Address _____

Person Making Request _____

Phone # _____

Remarks _____

Message Received by _____

Date & Time of Request _____

Request Completed by _____

Date Completed _____

White Copy - Retained by office.

Yellow Copy - DPW worker signs & returns copy to office when job is complete,