

**Town of Stratford**

PO Box 366  
1956 US Rt. 3  
Stratford, NH 03590  
(603) 922-5533



**Water Turn On/Off Form**

Today's Date:

\_\_\_\_\_

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**WATER OFF**

Date you would like water turned off: \_\_\_\_\_

Forwarding address for your final bill: \_\_\_\_\_

Contact phone number on date of water turn off: \_\_\_\_\_

Final meter reading: \_\_\_\_\_

Comments/Special Instructions: \_\_\_\_\_

**Office Use:**

Send final bill on (date) \_\_\_\_\_

\$25.00 shut off fee (*this fee will be applied to your next water bill*)

Notice given to Water Department on \_\_\_\_\_ by \_\_\_\_\_

**WATER ON**

Date you would like water turned on (or call with date): \_\_\_\_\_

Comments/Special Instructions: \_\_\_\_\_

**Office Use:**

Begin bill in month of: \_\_\_\_\_

\$25.00 Turn on fee (*this fee will be applied to your next water bill*)

Notice given to Water Department on \_\_\_\_\_ by \_\_\_\_\_

\*By signing below, you understand that the Town of Stratford requires that someone be present when water service is turned on/off. The Town of Stratford is not responsible for any damage to your home resulting from interior plumbing failures.

Signature: \_\_\_\_\_