



Utilities – Water & Sewer
407 Birch Ave SW, P. O. Box 810 Napavine, WA
98565 Phone: (360) 262-3547 Fax: (360) 262-9199
www.napavine.wa.gov

Service Call Request

I, _____ (Applicant Name), requests that the water service
_____ (Service Address) to be Shut-off for the following reasons
_____.

Important Information – Please Read and check the boxes that apply to your request.

[] I understand that there is a \$20.00 fee for temporary shut-off for any circumstance with
exception to shut-off for non-payment during normal business hours. (NMC 13.04.020)

OR

[] I understand that there is a \$75.00 fee for temporary shut-off for any circumstance with
exception to shut-off for non-payment during after-hours of 4:30 pm weekdays or on weekends.
(NMC 13.04.020)

OR

[] I understand that there is a \$10.00 fee for re-reading meters if there is no error in the original
reading and the meter is functioning correctly. (NMC 13.04.030)

AND

[] I agree that the temporary shut-off fee will be assessed to my utility bill, and I will be billed on
the next billing cycle.

Account No.: _____ Date of Service Call: _____

Signature: _____ Date: _____

CITY OFFICIAL USE ONLY

Meter Number: _____ Previous Billing Read: _____

Shut off Read: _____ Turn On Read: _____

Consumption: _____ Employee & Posted Date: _____