

NEWPORT NEWS WATERWORKS

APPLICATION FOR WATER SERVICE DISCONNECTION PRIOR TO BUILDING DEMOLITION

REQUESTOR & OWNER INFORMATION

Date: _____

Requestor's Name: _____

Company: _____

Service Address: _____

Phone: _____

City/County: _____

State: VA

Zip Code: _____

Owner's Name: _____

Proposed Use of Property: _____

Requestor's E-mail: _____

Please enter your full name on the line below. You understand that by typing your name on the line below you are electronically signing this document.

WATERWORKS USE ONLY

Active Account: _____ Date Inactive: _____

Device Location: _____

SVC Size: _____ Service type: _____

Other: _____

Meter# _____

5YR Inactive: _____

Premise Noted: _____

Req to Ops: _____

WW Verification: _____

FIELD INFORMATION

Meter Present: _____

Meter# _____

Pipe Type Verified: _____

Check Service
For Re-Use

Pressure Test Result: _____

Action: _____

Wk Order # _____

Supervisor: _____

Date: _____

Notes: _____

Log Updated: _____

Field Info Sent to New Services: _____

Requestor Notified: _____

WW Verification: _____