



PRELIMINARY DEMOLITION FORM
(WATER/SEWER UTILITIES DISCONNECT)

DATE: _____

PROPERTY ADDRESS: _____

PROPERTY SUBDIVISION: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER PHONE NUMBER: _____

CONTRACTOR NAME: _____

CONTRACTOR PHONE NUMBER: _____

CONTRACTOR FAX NUMBER: _____

SEWER DISCONNECT/
CAP OFF: YES NO (partial demo)

IF YES, DATE REQUESTING SEWER CAP OFF: _____

WATER SERVICE: DISCONNECT / LOCKOUT
 DISCONNECT / **CONSTRUCTION USE
****service will be disconnected & locked out until RPZ backflow is installed**
 TERMINATE SERVICE ACCOUNT WITH CUSTOMER SERVICE

RECLAIM WATER: DISCONNECT / LOCKOUT
 NO DISCONNECT – IRRIGATION USE ONLY
 TERMINATE SERVICE ACCOUNT WITH CUSTOMER SERVICE

DATE REQUESTING WATER DISCONNECT: _____

OFFICE USE

DATE SEWER DISCONNECTED / CAPPED OFF _____ WORKORDER # _____

DATE WATER DISCONNECTED/TURNED OFF _____ WORKORDER # _____

VERIFIED:
ACTIVE WATER ACCOUNT YES NO ACTIVE RECLAIM ACCOUNT YES NO