



208 W JEFFERSON ST, OSCEOLA, IA 50213  
(641) 342-1435

TEMPORARY DISCONNECTION FORM

Requested time to Shut off: \_\_\_\_\_

Service Address \_\_\_\_\_

Service Request Date \_\_\_\_\_ Anticipated Return Date \_\_\_\_\_

**LEAVING**

Billing Information:

Temporary Address:

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact (Someone in the immediate area with access to the home during absence)

Full Name \_\_\_\_\_

Phone \_\_\_\_\_

**RETURN**

Service Request Date \_\_\_\_\_

Resuming Billing Address: \_\_\_\_\_

I will be leaving for a short period of time. I understand that within 3 days of my return, I must contact Osceola Water Works in order to resume billing, and that someone **must be present** at the time that water is turned back on.

Upon my return, I understand my first bill will contain a \$30 reconnect fee.

I am aware that Osceola Water Works DOES shut the water off at the curb stop/meter pit as a result of my request. I understand that it is recommended to shut the water off inside at the valve as well. Osceola Water Works will not be responsible for any damage resulting from frozen or broken pipes.

SIGNATURE OF ACCOUNT HOLDER: \_\_\_\_\_ DATE: \_\_\_\_\_

-----FOR OFFICE USE ONLY-----

Customer Account # \_\_\_\_\_

**LEAVE**

**RETURN**

Meter ID: \_\_\_\_\_

Read-Out Date: \_\_\_\_\_

Read-In Date: \_\_\_\_\_

Meter Read: \_\_\_\_\_

Meter Read: \_\_\_\_\_

RECONNECT FEE: \$30