

**Star Lake Water District**  
**Request for Water Shut-off/Turn on**

Property Owner: \_\_\_\_\_

Property Address: (including 911 #) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Service requested: \_\_\_\_\_ Turn on water      \_\_\_\_\_ Shut off water

Date that you want the service to be done: \_\_\_\_\_

If turning water off, request is:      Temporary      Seasonal      Permanent

List any special instructions at the bottom of this request.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only

Shut-off /Turn on completed by: \_\_\_\_\_

Date of completion: \_\_\_\_\_

\*\*\*\*Please give a minimum of 5 business days notice for water turn-on/shut-offs\*\*\*\*