



CITY OF ONEIDA
WATER DEPARTMENT

109 North Main St.
Oneida NY 13421

Tel. 315-363-1490
Fax 315-363-9558

OFFICE USE

Acct. # _____
Invoice # _____
Bill Date ____/____/____
Bill Amount _____

**Turn-Off Request
No One Home**

To the City of Oneida Water Department:

The water at _____ may be turned off without anyone in the house. I will assume all responsibility if damage should occur from this. I further understand that the City will not be able to verify that the water was effectively shut off from the outside.

Signature

Address

City, State, Zip

Date

Contact Phone Number