

**City of Mapleton, ND
Water Shut Off Request**

**Send to:
PO Box 9
Mapleton, ND 58059
OR Drop Off at:
City Office**

Request for Curb Stop Shutoff:

I _____ (please print) am requesting my water to be shut
off at the curb stop on _____ (date), located at (address) _____
_____.

Return Information:

I will notify the city when I return, by phone.

Date call received _____ Received by: _____

I agree to the \$50 reconnection fee to be included on first billing statement after
returning.

Owner _____ (date) _____

Phone: _____ (where you can be reached)

City Employee _____ (Date shut off) _____

Filed (date) _____