

Town of Milton, Vermont, 05468 • Water and Wastewater Department
Application for Water Disconnection/Reconnection
Phone • (802)893-6030 Fax • (802)893-1005 Email • telwood@miltonvt.gov

THIS APPLICATION MUST BE SUBMITTED NO LATER THAN 2 CALENDER DAYS PRIOR TO REQUESTED SERVICE DATE. PAYMENT IS EXPECTED IN FULL PRIOR TO SERVICE UNLESS AN EMERGENCY.

Owner(s): _____ Applicant(s): _____

Address: _____ Address: _____

Phone Day: _____ Phone Night: _____ Fax #: _____

Location of Work (address, lot or parcel number): _____

Reason for Request: _____

Date/Time Disconnect Requested: _____ / 20____. ____:____ am/pm

Date/Time Reconnect Requested: _____ / 20____. ____:____ am/pm

Work to be performed by: _____ Phone: _____

The undersigned in consideration of the approval of this permit, having fully read all of the contents herein and attached, expressly agree to the directions, restrictions and conditions on or attached to this request for service.

Signature: _____ Date: _____
Owner/Applicant

Print: _____
Owner/Applicant

Conditions of Approval: _____

Signed: _____ Title: Superintendent Date: _____ 20____

Dept. Use Only



On/Off Fee: \$25 per visit Total Due: \$ _____ Date paid: _____ / 20____ Rec'd by int: _____