



Box 310, Crystal City, MB R0K 0N0
Phone: 204-873-2591 Fax: 204-873-2459
Email: fina@louisemb.com Website: www.louisemb.com

DISCLAIMER FOR WATER SHUT OFF

I, (name) _____, have requested to have the water shut off
to my property, (address) _____.

I will accept responsibility for confirming that water has been turned off inside my property.

This may include being present as water is turned off, testing faucets on property after shut off,
regularly monitoring property for leaks, ensuring minimal heat is maintained at property at all
times, and communicating any issues to the municipality immediately. I also acknowledge
reconnection fee of \$50.00 to be paid prior to reconnection.

I advise of meter reading _____ taken on (date) _____.

Property Owner Signature

Date

PLEASE RETURN THIS FORM TO THE MUNICIPAL OFFICE UPON COMPLETION

Phone: 204-873-2591

Fax: 204-873-2459

Email: fina@louisemb.com

OFFICE USE ONLY:

Date of Shut Off: _____

Account Closed in Muniware: _____

Final Bill Sent: _____

Reason for Shut Off: _____

Shut Off Done By: LOVELL

KEITH/DON

Date of Turn On: _____

Info to Penny for Turn On Fee: _____