



CITY OF CLARION 121 1ST ST SW, PO BOX 266 CLARION IA 50525
PHONE: 515-532-2847 FAX: 515-532-2171
clarion@clarioniowa.gov

TEMPORARY INACTIVE FORM (WINTER SHUT-OFF)	
Name(s) that Appears on Bill:	Contact Phone #:
Effective Date for Temporary Shut off:	
Service Address for Temporary Shut off:	
Anticipated Return Date:	
Account Number:	
Additional Comments:	

By completing this form, I affirm that I request the above service address to be temporary inactive. I will contact City Hall when I return and would like water service reconnected.

Signature of Customer

Date

INHOUSE: RECEIVED DATE: _____

CLARION REPRESENTATIVE: _____