



Turn On/Shut Off Water Request



Please complete the attached form and return to APChesterville@ocwa.com.

RESIDENT NAME: _____

RESIDENT ADDRESS: _____

DATE: _____ **TIME:** _____

Please note resident and/or contractor must be present

ONSITE CONTACT: _____

PHONE NUMBER: _____

MUNICIPALITY: North Stormont Township

MUNICIPALITY EMPLOYEE NAME: Sylvie Villeneuve

DATE: _____



OFFICE USE

Water Turn On/ Water Turn Off

Date: _____

By: _____

T. 613-984-2821 | F. 613-984-2908

PO Box 99, 15 Union Street

Berwick, Ontario K0C 1G0

northstormont.ca