

Request for Dormant Tap Status

Today's Date: _____

Name: _____

Service Address: _____

Account Number: _____

Reason for Request: _____

Requested Disconnection Date: _____

Estimated Reconnection Date: _____

I am requesting a temporary disconnection from the District water service for the dates set forth above. During the temporary disconnection there will be no water usage at the service address above. I understand I am responsible for requesting reconnection in writing and the District may take up to ten (10) days to reconnect my water service.

I further understand it is against the Districts rules and regulations to disconnect or reconnect the District water service myself.

Signature: _____

Mailing Address: _____

Telephone Number: _____

Mail or deliver this form to: East Spokane Water District No. 1, 704 S Coleman Road, Spokane Valley WA 99212

Email to: eswd@eswd1.com