

**Town of Milton, Vermont, 05468 • Water and Wastewater Department**  
**Application for Water Disconnection/Reconnection**  
**Phone • (802)893-6030 Fax • (802)893-1005 Email • rhunt@town.milton.vt.us**

**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:

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Conditions of Approval: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: Superintendent Date: \_\_\_\_\_ 20\_\_\_\_

Dept. Use Only

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