



WATER SERVICE REMOVAL FOR DEMO APPLICATION

Harwich Water & Wastewater Department

196 Chatham Road, Harwich MA 02645

P: 508-432-0304 | customerservice@harwichwater.com

Date: _____ Map/Parcel/Lot _____
Street Address: _____ Village: _____
Owner Name: _____ Owner Phone: _____
Billing Address: _____ Owner Mobile: _____
City/State/Zip: _____ Owner Email: _____

Reason: _____

Water Service Account # _____

AGREEMENT: I hereby request that the Department remove the water service at the above noted location. The account will continue to be billed under the base rate. Please note that if you are a Contractor, you are signing as representative of the homeowner.

Owner Signature: _____ Contractor Address: _____
Contractor: _____ Contractor Phone: _____

-----OFFICE USE ONLY-----

**PRIOR TO DEMOLITION PERMIT SIGN OFF BY THE WATER DEPARTMENT,
THE FOLLOWING CONDITIONS MUST BE MET:**

- Water service must be cut & capped by the Water Department.
- Meter & reader must be removed by the Water Department.

Department Approval: _____ Date: _____