



WEB Water Development Association, Inc.

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Equal Opportunity Provider

## Secure Shutoff Enrollment Form

Please complete a form for each account you are requesting a secure shutoff:

Account Number: \_\_\_\_\_ Secure Shutoff Date: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Service Address: \_\_\_\_\_  
(Physical Location of Service)

Phone Number: \_\_\_\_\_

By signing this form, I agree to allow WEB Water Development Association, Inc. to implement a Secure Shutoff at the location specified above. I understand and agree with the following:

- The service will be shut off with a lock and the service valve will be closed.
- A Service Call fee of \$70.00+ tax will be charged to shut off the service, but no fee to unlock if during normal business hours with an advance notice of 3 business days.
- An After-hour fee of \$200.00+ tax will apply if requested sooner than 3 business days or after regular business hours of 8:00am to 4:30pm Monday through Friday.
- I acknowledge I must be on site when water is turned on or the angle valve will remain off in the meter pit until I turn it on.
- I understand that I will still be responsible for paying the monthly minimum bill by the 20<sup>th</sup> of each month.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For Office Use Only:

Date Received: \_\_\_\_\_

Date Scheduled: \_\_\_\_\_

Promotional Secure Shutoff: ☐ YES ☐ NO

Date Shutoff Completed: \_\_\_\_\_

Beehive Event #: \_\_\_\_\_

Operator: \_\_\_\_\_