



CITY OF CLARION 121 1<sup>ST</sup> ST SW, PO BOX 266 CLARION IA 50525  
PHONE: 515-532-2847 FAX: 515-532-2171  
clarion@clarioniowa.gov

|  |                  |
|--|------------------|
| <b>TEMPORARY INACTIVE FORM (WINTER SHUT-OFF)</b> |                  |
| Name(s) that Appears on Bill:                    | Contact Phone #: |
| Effective Date for Temporary Shut off:           |                  |
| Service Address for Temporary Shut off:          |                  |
| Anticipated Return Date:                         |                  |
| Account Number:                                  |                  |
| Additional Comments:                             |                  |

By completing this form, I affirm that I request the above service address to be temporary inactive. I will contact City Hall when I return and would like water service reconnected.

/s/

\_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Date

INHOUSE: RECEIVED DATE: \_\_\_\_\_

CLARION REPRESENTATIVE: \_\_\_\_\_