



City of Dayton Turn On Request

Please complete the following information to permit the water to be restored.

Name (Please Print): _____

Address of Property: _____

Telephone Number: _____

Account Number (If Available): _____

Please Mark Appropriately: Owner _____ **Tenant** _____

I _____ understand that the City of Dayton is restoring
(please provide signature)

water service to this address with my permission on _____. I also
(please enter date)

understand that the City of Dayton assumes no liability if any damages

should occur as a result of this action.