



**WATER SHUT OFF REQUEST FORM**

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

OWNER'S NAMES: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**REASON FOR REQUEST/DESCRIPTION OF REPAIRS INCLUDING SPECIFIC ROOM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DETAILS:**

DATE OF REQUESTED WATER SHUT OFF: \_\_\_\_\_

TIME OF SHUT OFF: FROM \_\_\_\_\_ AM PM TO \_\_\_\_\_ AM PM

BUILDING ADDRESS: \_\_\_\_\_

**WATER SHUT OFF SHOULD NOT BE ON FRIDAY, SATURDAY, SUNDAY OR HOLIDAYS.**

**VENDOR CONTACT INFORMATION:** Please attach a copy of the vendor's license

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If Architectural modifications or changes are being requested, please complete a Ventura at Bella Trae Architectural Review Committee (ARC) application and submit along with all requested information, to the Community Association Manager for processing to be submitted for review by the ARC. Alterations, modifications or improvements may not be made without prior written consent.

Owner or Owner's representative is required to be at home during this repair.  
Management will not grant access to the vendor into a unit.

OWNER(S) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY MANAGEMENT**

Request Received \_\_\_/\_\_\_/\_\_\_ Date Approved \_\_\_/\_\_\_/\_\_\_ Date Denied \_\_\_/\_\_\_/\_\_\_

NOTES/ COMMENTS/CONTINGENCIES:

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