ADAMS FIRE DISTRICT

THREE COLUMBIA STREET
ADAMS, MA 01220-1398

TEL. 413.743.0179
TEL. 413.743.0978
FAX. 413.743.0896

Adams Fire District
Contractor Shut Off Request

Date Requested*: _____

Start Time: _____ End Time: _____

Location: _____

Reason for shutoff: _____

_____

Name of Applicant: _____

Signature of Applicant: Date: _____

Billing Address: _____

_____

Telephone Number: _____

**A 72-hour notice is required prior to a shutoff request. Requests made with less notice may be subject to emergency shutoff pricing.*

(AFD Office Use Only)

Approved: ☐ Yes ☐ No _____
Superintendent Signature

Chlorine residual prior to shutoff: _____

Chlorine residual post reactivation: _____

Water main(s) affected: _____

Isolation gates utilized: _____

Number of customers affected: _____

Unaccounted water totals: _____

Total Bill: _____

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