



PRELIMINARY DEMOLITION FORM

DATE: _____

PROPERTY ADDRESS: _____

PROPERTY SUBDIVISION: _____

CUSTOMER NAME: _____

CUSTOMER PHONE NUMBER: _____

CONTRACTOR NAME: _____

CONTRACTOR PHONE NUMBER: _____

CONTRACTOR FAX NUMBER: _____

DATE REQUESTED TO HAVE WATER TURNED OFF: _____

DATE REQUESTED TO HAVE SEWER DISCONNECTED AND CAPPED: _____

HAS WATER BEEN SHUT OFF BY CITY CREWS? _____

DATE: _____

HAS SEWER BEEN DISCONNECTED AND CAPPED BY CITY CREWS? _____

DATE: _____