



WATER SHUTDOWN REQUEST FORM

OWNERS FILL & RETURN TO ONSITE PROPERTY MANAGER

(email petrinimanager@bwpm.com or drop off paper copy to the Onsite Manager's office)

UNIT NO: _____ NAME: _____

EMAIL: _____ PHONE: _____

DATE REQUESTED: _____ ALT DATE: _____

Shutdown available on Tue, Wed or Thur - start time 10am, end time 2pm – Request at least 2 weeks in advance.

IF A DATE HAS IS ALREADY SET FOR THE MONTH, YOU CAN JOIN THE SET DATE OR REQUEST FOR ANOTHER DATE IN THE FOLLOWING MONTH. THE ONSITE MANAGER CAN TELL YOU IF THERE IS A DATE SET ALREADY FOR THE MONTH

I am the owner of the unit above and request a property water shutdown for the reason(s) shown below. I agree that if my request is approved, I will be available on the date and time of the scheduled shutdown and will have a professionally licensed plumber perform any necessary work with appropriate permits. Copies of permits, name and phone number of plumber and their license and insurance information should be submitted by the approved date of work. I will ensure my licensed plumber will follow all **Petrini Job Site Rules** (see thevillageatpetriniplace.com website for document) including checking in with the Onsite Property Manager before starting work, remaining onsite until water service resumes and there are no further problems and checking out with the Onsite Property Manager before leaving.

SIGNED: _____ DATE: _____

CHECK REASON FOR REQUEST:

WASHING MACHING - (for original water valves only):

_____ My washing machine is broken and will be replaced. I (or a professional) have thoroughly tested the washing machine water valve and cannot shut it off sufficiently to have my washing machine replaced. Also, the integral stops on either side of the valve are inoperable (frozen) so that I cannot replace/repair the valve without a shutdown.

_____ My washing machine works, but I want to replace in the future (more than 30 days from today). I (or a professional) have thoroughly tested the washing machine water valve and cannot shut it off sufficiently to have my washing machine replaced. Also, the integral stops on either side of the valve are inoperable (frozen) so that I cannot replace/repair the valve without a shutdown. If needed, I can wait until the following month's shutdown.

SHOWER VALVE - (for original shower valves only):

_____ I have one bathroom in my unit and the shower valve will not provide hot water sufficient for showering/bathing. **I cannot use my only shower/bath.**

_____ I have one bathroom in my unit and the shower valve gives hot water in the cold position and cold water in the hot position (reversed hot/cold). I can use the shower/bath but would like the controls reversed.

_____ I have two bathrooms – one is fine and useable. In my other bathroom the shower valve will not provide hot water sufficient for showering/bathing.

_____ I have two bathrooms – one is fine and useable. In my other bathroom the shower valve gives hot water in the cold position and cold water in the hot position (reversed hot/cold). I can use the shower/bath but would like the controls reversed.

RENOVATION WORK:

_____ I have submitted my Application for Architectural Modification and it has been approved. My unit's renovation requires changing in-wall plumbing fixtures (shower and/or washing machine valves, or relocation of sink, toilet, refrigerator or dishwashing water supplies). This work requires a water shutdown.

DO NOT WRITE BELOW THIS LINE

RECEIVED BY: _____ RECEIVED ON: _____ APPROVED DATE: _____