

WATER SHUT OFF REQUEST FORM

Please fill out the form to request a water shut-off at your building. The Albert Corporation requires a minimum of two business days' notice. Water Shut offs are granted between the hours of 10am and 3pm for a two hour time-frame. Please forward this form to:

The Albert Corporation	Fax: 617-277-5079
10 Harvard Square Suite #2	E-mail: Admin@albertcorp.com
Brookline, MA 02445	Phone: 617-277-3355 x0
Property Address:	
Owner's Name:	Unit #
Owner's Contact (H):	(W):
(C):	(E-mail):
Plumbers Name:	
Plumbers License:	Plumbers Phone #
Date Requested:	Time Requested:
Reason for Request:	

Would you like someone from The Albert Corporation Maintenance Staff to be present to allow access and instruct your plumber how/where to shut off the water supply? (check one) yes no **This service costs* \$99 *for the first hour and* \$76 *for any additional hours (if necessary) and would depend upon availability.*

Owner's Signature: _____ Date: _____

The Albert Corporation will post the building for the water shut off but it is the plumber's responsibility to turn the water off. If your plumber is not familiar with the building, they must contact us to get this information.

For Office Use Only

- Approved
- Building posted by _____
- □ E-mailed by _____

□ Scheduled maintenance