

The Albert Corporation

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:

Fax: 617-277-5079

10 Harvard Square Suite #2 Brookline, MA 02445	E-mail: Admin@albertcorp.com 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:	
access and instruct your plumber how/v	ert Corporation Maintenance Staff to be present to allow where to shut off the water supply? (check one) yes no ur and \$88 for any additional hours (if necessary) and e see page 2 for payment instructions)
Owner's Signature:	Date:
The Albert Corporation will post the bu	ilding for the water shut off but it is the plumber's
responsibility to turn the water off. If y	our plumber is not familiar with the building, they must
contact us to get this information.	

***For Chestnut Village Condominium : Please provide the plumber's Certificate of Insurance and a picture of his license!





To submit an online payment to The Albert Corporation for a water shut off, please use the link below and follow the instructions:

https://www.websterpaymentlink.com/ebpp/ALBERTCORP/

Please enter your name twice.

Payment Type & Reaffirm Payment Type should be: Shut off Requests

After making the payment, you will receive an email containing a confirmation code. Please forward this email to admin@albertcorp.com along with your request form to ensure your payment confirmation number is matched with your form.

If you have any questions, please contact admin@albertcorp.com.