

Water Works Condominium Association C/O
VISION COMMUNITY MANAGEMENT
16625 S Desert Foothills Pkwy PHOENIX AZ
85048
(480) 759-4945 FAX (480)759-8683
Email: WaterWorks@WeAreVision.com

WATER SHUT OFF REQUEST FORM

Please submit the request 72 hours prior to the requested scheduled date.

Only Monday, Wednesday and Friday is permitted between the hours of 9 AM to 12 PM.

Homeowner's Information:

Name: _____

Phone Number: _____

Unit Number: _____

Date: _____

Time: _____

Work that is being done: _____

Plumber's information:

Name: _____

Plumber's License Number: _____

Phone Number: _____

If you are not using a license plumber, please be aware as the homeowner, you will be responsible for any damages.

Homeowners Signature: _____

You will need to place a notice on each door of the building 24hrs in advance notifying affected neighbors of the water shut off.

(OFFICE USE ONLY)

Received / /

Schedule Approved
