

Las Brisas Association

WATER SHUT-OFF REQUEST FORM

Homeowner _____

Las Brisas Property Address _____

Offsite Address (if absentee owner) _____

Telephone _____

(home)

(office)

(cell)

Requested Work Schedule Date: _____

Requested Work Schedule Start and Finish Time (not to exceed 4 hours): _____

DESCRIPTION OF WORK TO BE PERFORMED:

(A copy of your contractor's proposal describing the services may be attached)

WORK TO BE PERFORMED BY: Self Contractor
Name of Contractor _____

11.1.1 BUILDING PERMIT OBTAINED: Yes No

If no, why not? _____

(To be completed by Las Brisas Association)
Approval to begin work by Las Brisas Association this _____ day of _____, 2____.
(a) Association Representative

Name: _____ Signature: _____ Date: _____
(To be completed by Las Brisas Association)
INTEGRAL STOP INSPECTION (to be inspected prior to completion of work): The integral stops have been inspected, remain intact, and are functioning: Yes No
If no, why not? _____

Association Representative
Name: _____ Signature: _____ Date: _____

The Masters Group, P.O. Box 20094, San Jose, CA 95160