

WATER SHUT-OFF INFORMATION

TODAY'S DATE: _____

REQUESTOR'S NAME &
TELEPHONE NUMBER:

☐ Owner ☐ Agent ☐ Tenant

PLUMBER'S NAME/COMPANY &
TELEPHONE NUMBER:

PLUMBER LICENSE No.: _____

APT #: _____ TOWER: _____

AREA (BATHROOM OR KITCHEN): _____

- Bathroom & Kitchen shut-offs must be on separate days UNLESS the stacks are together.
- One plumbing job per day UNLESS (1) both jobs use the same stacks, AND (2) the same plumber works both jobs, AND (3) the maintenance supervisor approves both jobs in advance.

DESCRIPTION OF WORK:

DATE OF WATER SHUT-OFF: _____ TIME: 9 a.m. – 2 p.m.
(Tuesday, Wednesday, Thursday) (Work must commence by 10 a.m.)

NOTE:

- ☐ **Plumber must check-in with Security before shut-off** to allow time for the water to drain; Maintenance will not shut-off water until plumber is here.
- ☐ **All work must conform to standards** outlined in the *Waikiki Banyan Plumbing Replacement Part Standards* information sheet.
- ☐ **There will be a \$50 same day cancellation/no show fee for any non-emergency cancellations.**

_____ (initial for acknowledgement)

(OFFICE USE)

STACKS AFFECTED: _____