



WATER MAIN SHUT DOWN APPLICATION **INFORMATION AND INSTRUCTIONS**

This application form is for requests related to a water main shut down in order to complete construction work on the water distribution system by an independent contractor. For timely processing, a complete packet submittal includes the following items:

1. Application form
2. Payment
3. Proposed customer notice for water shut off (template attached)

IMPORTANT INFORMATION:

- Please allow 5 (five) business days from the application receipt date by the Indio Water Authority (IWA) office for processing.
- Office acceptance of the completed application form and payment does not automatically mean approval of the requested water main shut down. Applicant will be notified by IWA when approved.
- Please note upon review by IWA staff, additional fees (e.g. after hour fees) may be charged to the Applicant. Payment must be made in full prior to the scheduled shut-off day and time.
- Upon IWA approval, it is the Applicant's responsibility to notify the affected customers of scheduled water main shutdown. Notice must be provided to affected customers at least 48 hours in advance of scheduled shutdown. The notice must minimally include the following information (please refer to Attachment 1) for sample:
 - Contractor company name
 - Location of water shutdown
 - Date(s) of shutdown
 - Timeframe of shutdown
 - Contractor Contact Name and Phone Number
 - Alternate Contractor Contact Name and Phone Number
 - Include wording that if Contractor cannot be reached, please contact Indio Water Authority at (760) 391-4038, Monday through Friday, 8 a.m.- 4:30 p.m., or emergency after hours line at (760) 391-4051.

Attachments:

1. Sample Customer Notice Regarding Scheduled Water Main Shutdown
2. Application Form



WATER MAIN SHUT DOWN APPLICATION

**PLEASE ALLOW FIVE (5) BUSINESS DAYS FROM DATE RECEIVED IN OFFICE FOR PROCESSING.
NOTE: APPLICANT WILL BE NOTIFIED OF APPLICATION STATUS AFTER REVIEW**

Application Date: _____

Contractor Name: _____ Contractors License # _____

Applicant/Contact Person: _____ Phone #: _____ Email: _____

Location: _____

Mailing Address: _____

Number of Units: _____

Is this project for:

- Indio Water Authority City of Indio Contractor Other (Please specify): _____

In compliance with Indio Water Authority and City of Indio, all affected residents of the water shut down must be given a minimum 48-hr advance notice by the Contractor before service can be interrupted due to facility repairs. Contractor must submit the following information:

Please provide location and type of work to be performed:

Requested Date of Shut Off: _____ REVISED Shut Off Date (if applicable): _____

Duration of Shut Off: _____ Number of Units: _____

Turn off from _____ AM or PM (circle one) through _____ AM or PM (circle one)

- Copy of Contract or Agreement
 Copy of Resident/Occupant Notification

Water Main Shutdown Fees to be Billed:

Services:	Cost:	Quantity:	
Water Main Shut down & Inspection fees	\$429	_____	Payment Code: WMSD
After-hours fee (if applicable)	\$136	_____	
			GRAND TOTAL: \$ _____

I hereby make application to Indio Water Authority for shut down of a water main. I agree to notify all affected customers or occupants as stated above. I promise to pay the Indio Water Authority for the above services at the rate of a water main shut down fee and inspection fee of \$429.00, and if applicable, an after-hours fee of \$136.00.

Applicant Signature: _____ Date: _____

Please make check payable to "Indio Water Authority"

FOR IWA OFFICE USE ONLY

Date Paid: _____ Amount Paid: _____ Receipt No. _____	
ENGINEERING AND WATER OPERATIONS	CUSTOMER SERVICE/ADMINISTRATION
Engineering Inspector Approval: _____ Date: _____	Received by (Customer Service): _____
Water Operations Approval: _____ Date: _____	Received Tag Form: _____
Approved Date & Time of Shutdown: _____	Utility Account to Bill: _____
Comments: _____	Comments: _____

**SAMPLE WATER MAIN SHUT DOWN NOTICE TEMPLATE
(FOR REFERENCE PURPOSES ONLY)**

Insert Company Logo Here

**NOTICE OF WATER SHUT OFF
FOR UTILITY INSTALLATION
BY INDEPENDENT CONTRACTOR**

Insert Contractor Name will be **insert scope of work**, which will require that your water be temporarily shut off for a period of time.

Date of shut down: _____

Time of shut down: _____

Duration of shut down: _____ hour(s)

If you have any questions concerning the shutdown, please contact one of the following:

1. Contractor Contact Name and Phone Number

2. Alternate Contractor Contact Name and Phone Number:

We apologize for any inconvenience this work may cause.

Signed _____

** Contractor to provide minimum 48-hour advance notification required*

If you are unable to contact the contractor contacts listed above, please contact Indio Water Authority at (760) 391-4038 (Monday through Friday, 8:00 a.m.-4:30 p.m. or for emergency after hours at (760) 391-4051.

FORM SD01

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