

## County of Kauai Department of Public Works Division of Wastewater Management 4444 Rice Street, Suite 500 Lihue, HI 96766 (808) 241-4082

## **REQUEST FOR SUSPENSION OF SEWER USER CHARGES**

I,		_, owner of Tax Map K	ey,
Lot at			, Kauai, Hawaii, hereby request
the Sewer User Charges be susp	pended due	to the following reason	1:
(Demolition/Removal of Plumbing Fixtures/Va	cancy)		
Suspension requested from -	Dat	until	 Date
TO QUALIFY FOR SUSPENSION	, ONE OF T	HE UTILITIES NEEDS T	O BE DISCONTINUED.
Water service to be discontinued?	☐ Yes ☐ No	If yes, indicate discontinue date:  If no, indicate Water Service No.:	
Electric service to be discontinued?	☐ Yes	If yes, indicate discontin	
In order to resume sewer service, I he 241-4082 when water or electric servi			ewater Management of the County of Kauai
Owner's Si	gnature		
Mailing A	ddress		
City, State, 2	Zip Code		
Teleph	one		
Appro (County Engineer or		eent) OFFICIAL USI	₹.
	Se	wer Connection Permit No.	_
		Location ID	
		Effective Date	