



1201 West Branch Road
State College, PA 16801-7697

www.scbwa.org

Telephone: 814-238-6766
FAX: 814-238-2175

AUTHORIZATION TO TERMINATE WATER SERVICE TO FIRE SUPPRESSION SYSTEM

As the responsible party, I authorize the State College Borough Water Authority to terminate water service to the fire suppression system at _____.
(service address)

I also state that I have notified / will notify the insurance carrier, local fire department, and if applicable, all tenants of the above-mentioned property of the termination of water service to the fire suppression system.

Date: _____

Responsible Party Signature: _____

Title (if applicable): _____

Printed Name: _____

FOR SCBWA USE ONLY:

SCBWA Rep Initial: _____ Effective Date: _____ WO #: _____