



**CITY OF SAINT PAUL**

Department of Safety and Inspections  
Fire Safety Inspection Division  
375 Jackson Street Suite 220

**WATER SHUT OFF  
REQUEST FORM**

Revised May 2015

**Complete all areas of this form and fax to:  
Saint Paul Fire Safety Inspection Division @ 651-266-8951**

\*No fax cover sheet is required when faxing this form.\*

Date Requested: \_\_\_\_\_

Requested By: \_\_\_\_\_

Company Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address of Project: \_\_\_\_\_  
(Include Type: Ave., St., Blvd., and direction N, S, E, W)

Name of Project: \_\_\_\_\_

What are the TWO closest cross streets? \_\_\_\_\_  
\_\_\_\_\_

From what street will the water be shut off on? \_\_\_\_\_  
\_\_\_\_\_

How long is water expected to be shut off for? \_\_\_\_\_