

# **Castle #12 Condominium, Inc.**

C/o Renaissance Management Group, Inc,  
1773 N. State Road 7, Lauderhill FL 33313  
954-693-9989 | info#rmgsouthflorida.com

## **WATER SHUT-OFF REQUEST FORM**

Unit Owner (s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**REASON FOR WATER SHUT OFF:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUESTED DATE OF SHUT-OFF:** \_\_\_\_\_

**REQUESTED START TIME:** \_\_\_\_\_ AM / PM (circle) (Beginning at 9:00 am)

**ESTIMATED DURATION OF SHUT-OFF:** \_\_\_\_\_ HOURS

\*Note: All requests for water shut-offs must be submitted to the Management Office at least **72 hours in advance** to allow for proper notification to all affected residents.

**If the work involves a contractor, please fill out the following:**

Plumber/Contractor/Company Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Licensed plumbers are mandatory for work requiring permits and are recommended for other work potentially affecting common elements or other units.

**ACKNOWLEDGMENT:**

I acknowledge that I am responsible for informing the Management Company upon completion of the work so that water service can be restored promptly. I also understand that if repairs are not completed by the estimated time, I may be responsible for any additional charges incurred for restoring water service after hours.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please email this form to [info@rmgsouthflorida.com](mailto:info@rmgsouthflorida.com) or drop it off at  
1773 N State Road 7, Lauderhill, FL 33313*

*For questions, please contact Renaissance Management Group at 954-693-9989*