



CLEVELAND MUNICIPAL COURT
HOUSING DIVISION

WATER SHUT-OFF TRACKING SHEET

Tenant Name: _____ Date call received: _____

Tenant Phone: _____

Property Address: _____ Cleveland? _____ Yes _____ No

Landlord Name: _____

Address: _____ Phone: _____

Water Account Number: **12345678901234567890** Amount Due:

Sewer Account Number: **12345678901234567890** Amount Due:

Last Payment: **Landlord Contact:** **Min. Payment:**

Shut-off date: _____ Water On Date: _____

Resolution: Rent Deposit: TRO: Landlord Payment: Other:

Rental Due Date: Rent Amount: Rent Current?:

Date of Rent Deposit:

Balance of Bill:

TRO Filed: Results:

NOTES: