NOTICE OF TEMPORARY WATER SHUT-OFF

Date: [Insert Date]

To All Residents of: [Insert Building Name or Address]

Dear Resident,

Please be advised that the water supply to your unit will be temporarily shut off to perform necessary plumbing repairs or maintenance.

Scheduled Date: [Insert Date of Shut-Off]
Estimated Start Time: [Insert Time]
Estimated End Time: [Insert Time]

During this period, there will be no water available for sinks, toilets, showers, or appliances. We recommend that you draw any water you may need for drinking or basic hygiene prior to the scheduled start time.

Once the water is turned back on, you may experience some air in the pipes or slight discoloration. If this occurs, please run your cold water taps for a few minutes until the water runs clear.

We apologize for any inconvenience this may cause and thank you for your cooperation.

Sincerely,

[Your Name/Management Company Name]
[Contact Phone Number]