

## City of Waverly

502 Atlantic Ave.

PO Box 189

Waverly, MN 55390

Phone# (763) 658-4217 Fax# (763) 658-6189

### Request for Municipal Water Shut Off / On (Circle One)

\*Please note that a signed form must be on file with the Utility Billing Department before your water will be turned on or off.

Property Address: \_\_\_\_\_ Date of Request: \_\_\_\_\_

\_\_\_\_\_ Date of Shut Off/On: \_\_\_\_\_

Owner of Record of Property \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Name of Person Submitting Request: \_\_\_\_\_

(If different than owner)

**\* We request that someone be present at the home when water is turned ON in case water issues occur.**

\_\_\_\_\_(Please Initial)

Time of Shut Off / On \_\_\_\_\_

By Signing this request form, I hereby state and certify that I have the authority to Direct the City to shut Off / On the municipal water service to the property listed above.

I further state, acknowledge, and agree to assume any and all responsibility for any damage to or in the property that may result from the shut off / on of the municipal water service to the property. I further agree to waive any right to any claim or liability against the City of Waverly and release the City from any damage to or loss on the property as a result of the City's actions in accordance with this request.

\_\_\_\_\_

Signature of Requestor

\_\_\_\_\_

Date