



**Temporary Turn On
For Two Weeks of Service
\$100.00 Refundable Deposit**

Company/Person Name:_____

Phone #:_____ **Driver License #:**_____

Social Security #:_____

Service Address:_____

Billing Address:_____

Date Turn On:_____

Date Turn Off:_____

I have read and understand that by signing below, I agree to the following:

Assume all responsibility for this account whether I reside at this address or not.

All water at the address must be in the off position before water services are turned on. This includes the outside faucets, toilets, and any other water source on the property.

The City shall not be held liable, and the account holder hereby releases the City from any damages due to the account holder's negligence in this matter.

No back to back cleanings are allowed.

Service will be disconnected on the Turn Off date shown above.

Signature:_____

Date:_____

Office Use Only: Customer Account #:_____

