

Water Shut OFF

CITY OF ELKO NEW MARKET

**601 MAIN STREET, PO BOX 99
ELKO NEW MARKET, MN 55020-0099
(952) 461-2777 / Fax (952) 461-2782**

MUNICIPAL WATER SHUT OFF REQUEST

***Please note that a TURN ON form must be signed and on file with the Utility Billing Department before your water will be turned on again.**

Property Address: _____ Date of Request: _____
_____ Date of Shut off: _____

Owner of Record of Property: _____

Owner's Address: _____

Telephone No.: _____ (day)
_____ (evening)

Name of Person Submitting Request: _____
(If different than Owner)

If person submitting this request is **not** the owner of record of the property, then state your legal interest in property and authority to make this request (You must file a copy of all documents evidencing claimed interest with this request):

We request someone be present when the municipal water service is shut off whenever possible. Please check **and** initial below:

_____ Someone will be present at the time the water service is shut off (Initial _____)
Person present at the time of shut off _____
Time of shut off _____
Phone number to be reached at _____

_____ No one is to be present at the time the water service is shut off (Initial _____)

By signing this request form, I hereby state and certify that I have a legal interest in the property identified above and therefore, I have authority to direct the City to shut off the municipal water service to the property.

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 of the municipal water to the property. I further agree to waive any right to any claim or liability against the City and I 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 Requester

Date