



# TOWN OF WHITELAND

## UTILITY SERVICES

549 MAIN STREET · WHITELAND, INDIANA 46184 · (317) 535-5531 · FAX (317) 535-8724

[www.townofwhiteland.com](http://www.townofwhiteland.com)

### AUTHORIZATION TO TURN ON WATER—WAIVER & RELEASE OF LIABILITY

**Date:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

I, the undersigned understand that is the Town of Whiteland's policy to turn on water service only when the customer is present.

I am unable to be present when the water service is turned on and I request and authorize the Town of Whiteland to turn on water service without my presence at the property listed above on or after:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

I will ensure that all water connections served under the above account at this property are properly closed, including but not limited to, all interior and exterior water faucets, sinks, tubs, showers, and toilets and any and all such connections within all residential and/or commercial units served by the above account.

**I understand that the Town of Whiteland will not assume responsibility for any leaks or overflows of fixtures or appliances or any damage resulting from any such leaks or overflows.**

In order to have water service turned on without being present, I agree to waive any claims of liability toward the Town of Whiteland and agree to hold the Town and its employees harmless should any water damage occur at this property due to my / our decision to opt out of the Town's normal water turn on procedure. Furthermore, I agree that the Town of Whiteland and their employees shall not be held responsible or liable for any injury, damage, or loss in any case whatsoever to the undersigned as a customer for merchandise, property, personnel, or for lost income from water service turn on in my absence.

I have read this **waiver and release**, and fully understand its provisions. I acknowledge that I am the account holder of the above identified premises and that I am signing this document of my own free and voluntary act, without any duress, coercion or threats by any person. I also declare that no other person's consent is necessary to authorize the execution of the **waiver and release**.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Account Holder Printed Name

\_\_\_\_\_  
Date