

WHITELAND, IN

549 E Main St - www.townofwhiteland.com - phone: 317.535.5531 - fax: 317.535.8724

TEMPORARY DISCONNECTION OF SERVICES

Customer Information	
Customer Name	Account#
Current Address	Phone Number
Forwarding Address (if any)	Email Address
Disconnection Date	Reconnection Date (if known)
Disconnection Certification fo	or OWNER OCCUPIED property
	owner of the above service account and the property served; it is my nify and hold harmless the Town of Whiteland from all issues arising from
SignedService Account /Property Owner	Date
	OF LIABILITY (IF NO ONE CAN BE PRESENT AT TIME OF TURN ON)
	turn on water service only when the customer is present. I am unable to be n of Whiteland to turn on water service without my presence at the property
Date: Time:	
will ensure that all water connections served under the above account a	It this property are properly closed, including but not limited to, all interior clothes washer, dishwasher, and any and all such connections or appliances
understand that the Town of Whiteland will <u>not</u> assume responsibility for from any such leaks or overflows.	r any leaks or overflows of fixtures or appliances or any damage resulting
	cur at this property due to my/our decision to opt out of the Town's normal d and their employees shall not be held responsible or liable for any injury,
have read the waiver and release , and fully understand its provisions. I am signing this document of my own free and voluntary act, without any coerson's consent is necessary to authorize the execution of the waiver an	
Account Holder Signature	Account Holder Printed Name
Date	
Office Use Only	
Work Order #	Date
Received by/Completed by:	Date: