

**EMERGENCY WATER SHUT - OFF / TURN - ON REQUEST FORM (SIDE A)**

Name of Home Owner:	Present at time of Emergency [ YES / NO ]
Name of Authorized Agent:	Present at time of Emergency [ YES / NO ]
Service Address:	Waterline Emergency: Frozen Water Line
Date of emergency services:	Account #: Billing Type:
How was your water left after the water line emergency was resolved? [ OFF / ON ]	
Fee Paid [ YES / NO ] Date:	Invoice Home Owner: [ YES / NO ]

According to the Insurance Bureau of Canada, if a homeowner is not going to be present at their residence for any period of time equal to or exceeding four consecutive days, they are deemed to be responsible for ensuring the inspection of said home a minimum of every two days until their return and their individual home insurer must be notified. The Corporation of the Township of Matachewan, its employees, staff, contractors, councilors and others are hereby released from any and all liability caused or incurred directly or indirectly, however caused, regarding the turn on or turn off, maintenance and / or inspection, or lack thereof, of any and all portions of the water works system, municipal, private or otherwise. I further acknowledge and agree to the aforementioned and do hereby understand that it is my responsibility to obtain my own individual and independent insurance coverage for the aforementioned property. I also understand that no warranties or guarantees of any kind are expressed or implied.

Please Describe your emergency and how it came to be resolved to the best of your recollection:

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<input type="checkbox"/> Homeowner	<input type="checkbox"/> Authorized Agent	Date signed: _____
		<b>X</b> _____
<b>Print Name</b>	<b>Signature</b>	
(I have been made aware of or was present at the waterline emergency)		

<input type="checkbox"/> Waterworks Superintendent	Date signed: _____
	<b>X</b> _____
<b>Print Name</b>	<b>Signature</b>
(I was present at the Water Line Emergency on [ _____ ] as it was fully resolved)	

<input type="checkbox"/> Staff Processing payment/paperwork	Date signed: _____
	<b>X</b> _____
<b>Print Name</b>	<b>Signature</b>

\* Only registered homeowners may make a request to have water turned on or off unless they provide the municipality with an authorization in writing allowing an authorized agent to act on their behalf

**Fill out all grey cells and return to The Corporation of the Township of Matachewan with your payment. Keep one copy for your records.**

**EMERGENCY WATER SHUT - OFF / TURN - ON REQUEST FORM (SIDE B)**

**When you need an additional work request required for a water line emergency**

The Corporation of the Township of Matachewan, its employees, staff, contractors, councilors and others are hereby released from any and all liability caused or incurred directly or indirectly, however caused. This work may be authorized as a one time only special circumstance and is being performed by a contractor of the municipality in order to alleviate the immediate urgency, and/or exceptional circumstances of the particular situation until such time as an independent contractor can be hired by the property owner to alleviate future problems. Any and all work performed on behalf of the property owner is subject to significant additional labour, equipment and material costs, the entirety of which is the responsibility of the property owner. While most charges for municipal services are stipulated in User Fee By-Law 2006-21, overtime wages and any other costs, expected or otherwise are also to be the responsibility of the property owner.

Charges where water pipes are found to be frozen due to lack of water flow from the main line shall be paid by the consumer or owner within fifteen days after the thawing in accordance with fees outlined in User Fee By-Law 2006-21. I further acknowledge and agree to the aforementioned and do hereby understand that it is my responsibility to obtain my own individual and independent insurance my own individual and independent insurance coverage for the aforementioned property. I also understand that no warranties or guarantees of any kind are expressed or implied.

<input type="checkbox"/> Homeowner	<input type="checkbox"/> Authorized Agent	Date signed: _____
_____	<b>X</b>	_____
<b>Print Name</b>	<b>Signature</b>	
I sign, acknowledge, understand and accept the above statement.		

Were you satisfied the the service provided to you by The Corporation of the Township of Matachewan?  
[ YES / NO ]  
If your answer is NO, please describe your reasons.

\_\_\_\_\_  
\_\_\_\_\_

Was your waterline emergency handled in a timely fashion?  
[ YES / NO ]  
If your answer is NO, please describe your reasons.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS PORTION IS FOR OFFICE USE ONLY**