

WATER SHUT - OFF / TURN - ON REQUEST FORM

Name of Home Owner:	
Service Address:	Account #:
	Billing Type:
Requested Shut Off Date:	Requested Turn on Date:
Water Shut Off:	Water Turn On:
Shut off Fee Paid:	Turn on Fee Paid:

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.

Date: _____

Signature of homeowner / authorized agent at time of request.*

Date: _____

Signature of staff member accepting payment for request.

Date: _____

Signature of Water Works Superintendent after water turned On / Off.

OFFICE USE ONLY

Date: _____

Signature of homeowner/authorized agent after work complete.

This form must be completed in triplicate:

A - Municipal Office

B - Water Works Superintendent

C - Homeowner or their agent

* 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.