



Suspension of Water/Sewer/Garbage/Recycling Service

Form must be submitted by the 10th of THE month

Agreement of Property Owner or Customer Waiver of Liability: I (or we), the undersigned, wish to inform the City of Maquoketa that I (or we) wish to have my water/sewer/garbage/recycling service discontinued for a certain period of time at the residential or commercial property listed below on or about the date of disconnection listed below. During that time, I (or we) do not want to be subject to the City's normal policy for the disconnection of this service, such as: shutting our water off at the curb, removing our water meter, and requiring our presence when these activities are occurring.

To accomplish this, I (or we) agree to waive any claims of liability toward the City of Maquoketa and Alliance Water Resources (the City's water/wastewater contract operator) and agree to hold the City and Alliance Water Resources harmless should any water damage occur at this property due to my/our decisions to opt out of the City's normal disconnection procedures.

Furthermore, I (or we) agree that the City of Maquoketa, Alliance Water Resources, and their employees shall not be held responsible or liable for any injury, damage, or loss in any case whatsoever to myself or my merchandise, property, or personnel (if applicable).

Reason for Seeking Interim Disconnect: _____

Name on Account: _____

Service Address: _____

Contact Phone #: _____

Emergency Contact & Phone #: _____

Winter Address: _____

1. Send final bill to winter address? _____ NO _____ YES (Contact City Hall to Change Back)

2. City of Maquoketa to turn your water off at the curb? _____ NO _____ YES

Date of water disconnection: _____

(Person must be there when water is shut off and turned back on – Contact City Hall)

Remove water meter? _____ NO _____ YES

3. City of Maquoketa to suspend garbage/recycling service? _____ NO _____ YES

Date of Garbage/Recycling Disconnection: _____ (no less than 1 month)

Date of Garbage/Recycling Connection: _____ (no more than 6 months)

Signature: _____ Date: _____

OFFICE USE ONLY:

Account Number: _____ Bank Draft: _____ No _____ Yes

Category _____ Water Off _____ GAR/REC Suspension _____ Temporary Vacancy

DATE GAR/REC OFF: _____ BY: _____ DATE GAR/REC ON: _____ BY: _____