



CITY OF MERIDEN
DEPARTMENT OF PUBLIC UTILITIES

117 Parker Avenue
Meriden, Ct 06450
(203) 630-4256
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Dennis Waz
Director of Public Utilities

MERIDEN WATER DIVISION
WATER RESTORATION FORM

Agreement to restore water without owner present

Name: _____

Address: _____

Telephone: _____

By signing this agreement, I hereby certify that:

*I am the owner of the above property and am authorized to sign this agreement;
_____ (Owner's initials)

*Any and all open faucets, valves & water fixtures both inside and outside have been closed and turned to the "off position"; _____ (Owner's initials)

*I have inspected all faucets, valves & water fixtures, both inside & outside and verify that it will be safe for the Meriden Water Division to restore water service;
_____ (Owner's initials)

*I agree that the Meriden Water Division, City of Meriden has permission to restore water to the above property without my onsite presence. _____
(Owner's initials)

*I agree to hold harmless the Meriden Water Division & City of Meriden from any liability for any damage whatsoever incurred during water service restoration;
_____ (Owner's initials)

Signature

Date