



**CITY OF MERIDEN**  
DEPARTMENT OF PUBLIC UTILITIES

117 Parker Avenue  
Meriden, Ct 06450  
(203) 630-4256  
FAX (203) 630-4285

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