

CITY OF CASEY, IOWA

PO BOX 196 - CASEY, IOWA 50048

(641) 746-3315 (phone) or (641) 746-3301 (fax)

MUNICIPAL WATER REQUEST TO TURN OFF SERVICES

*Please note that a TURN ON form must be signed and on file with the Utility Billing Department before your utilities will be turned on again, which could also require a deposit of \$150.00.

Date of Request: _____ Date Service to **END**: _____

| PROPERTY OWNERS/LANDLORD INFORMATION | CURRENT (RENTER) RESIDENTS INFORMATION |
|--------------------------------------|--|
| Name of Owner: _____ | Property Address: _____ |
| Owner _____ | Forward Info Name: _____ |
| Mailing Address: _____ | Address: _____ |
| City/ST/Zip: _____ | City/ST/Zip: _____ |
| Telephone No.: _____ (day) | Telephone No.: _____ (day) |
| _____ (Evening) | _____ (Evening) |

IF RENTAL - Is service to remain on and placed in property owner/landlords name? YES / NO.

Sewer and Landfill will continue to be charged to property owner, unless Sewer line is disconnected and capped at service line

Name of Person Submitting Request (If other than the owner) PLEASE PRINT NAME : _____

If the person submitting this request is **not** the owner of the property, then state your legal interest in property and authority to make this request (Example: Renter, buying on contract, ect.): _____

We request someone be present when the municipal water service is turned OFF whenever possible. Please check **and** initial below:

- Person present at the time TURNED OFF _____ Best time to turn SERVICES OFF _____
Phone number (if other than above) _____
- No one will be present at the time the municipal water service is turned OFF. Initial _____
- Municipal water service is already OFF. Initial _____

By signing this request form, I hereby state and certify that I have a legal interest in the property identified above and therefore, I have authority to direct the City to turn on the municipal water service to the property.

****REQUIRED****

Social Security Number _____ - _____ - _____ Driver's License _____

I further state, acknowledge, and agree to assume any and all responsibility for any damage to or in the property that may result from the turning on/off of the municipal water to the property. I further agree to waive any right to any claim or liability against the City and I release the City from any damage to or loss on the property as a result of the City's actions in accordance with this request.

Signature of Requester

Date

For City Hall use Only:

DATE DEPOSIT PAID: _____ ACCOUNT NUMBER: _____

DEPOSIT REFUNDED YES / NO REFUND CK # _____ DATE: _____

SWITCHED ACCOUNT NAME _____ SWITCHED ACCT# _____

SWITCHED TO (CIRLCE ONE) LANDLORD VACANT NEW TENANT

FINAL READ _____