SCOTT COUNTY
PUBLIC SERVICE AUTHORITY
Water - Our Most Valuable Resource Today And Tomorrow

Authorization to Turn On Water Service
Waiver and Release of Liability

Property Owner Name:	Tenant Name (if applicable):
Service Address:	Daytime Phone Number:
Account Number:	Email Address (optional):

I, the undersigned, understand that it is the policy of Scott County Public Service Authority (hereinafter "PSA") to turn on water service only when the customer is present.

I may be unable to be present when the water service is turned on and I request and authorize the PSA to turn on my water service without my presence at the property listed above on or after

_____ _____
(time) (date)

I will ensure that all water connections served under the above referenced account at this property are properly closed, including but not limited to, all interior and exterior water faucets, sinks, tubs, showers and toilets and any and all such connections within all residential or commercial units served under the above account. ***I understand that the PSA will not assume responsibility for any leaks or overflows of fixtures or appliances or any damage resulting from any such leaks or overflows.***

In order to have water service turned on without being present, I agree to waive any claims of liability toward the PSA and agree to hold the PSA and its employees harmless should any water damage occur at this property.

Furthermore, I agree that the PSA and their employees shall not be held responsible or liable for any injury, damage, or loss in any case whatsoever to the undersigned as a customer for merchandise, property, personnel or for lost income from water service turn-on in my absence. *(Commercial users only.)*

I have read this WAIVER AND RELEASE, and fully understand its provisions. I acknowledge that I am the legal owner of the above identified premises and that I am signing this document of my own free and voluntary act, without any duress, coercion or threats by any person. I also declare that no other person's consent is necessary to authorize the execution of the WAIVER AND RELEASE.

Legal Owner/Account Holder	Tenant/Account Holder (if applicable)
Printed Name: _____	Printed Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____