Please complete this form
Print & Sign Form
Fax to: City of Daly City – UB Fax: (650) 991-8267

Account Number:	
Service Address:	Day Phone:
Account Holder Name:	E-mail:

AUTHORIZATION TO TURN ON WATER SERVICE
WAIVER AND RELEASE OF LIABILITY

I, the undersigned understand that it is Daly City's policy to turn on water service only when the customer is present.

I am unable to be present when the water service is turned on and I request and authorize the City of Daly City to turn water service on 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 water heater drains, all interior and exterior water faucets, sinks, tubs, showers and toilets and any and all such connections within all residential and/or commercial units served under the above account. I understand that Daly City 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 City of Daly City and agree to hold the City and its employees harmless should any water damage occur at this property due to my/our decision to opt out of the City's normal water turn-on procedures.

Furthermore, I agree that the City of Daly City 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 commercial customer for merchandise, property, personnel or for lost income from water service turn-on in my absence. *(this paragraph applies to businesses only)*

I have read this WAIVER AND RELEASE, and fully understand its provisions. I acknowledge that I am the legal owner or authorized account holder of the above identified premises and that I am signing this document as 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.

Account Holder
Signature_____

2nd Account Holder
Signature_____

Account Holder
Name_____ Date _____

2nd Account Holder
Name _____ Date 052485