



# Suspension of Water/Sewer/Garbage/Recycling Service

\*Form must be submitted by the 10<sup>th</sup> of THE month\*

Agreement of Property Owner or Customer Waiver of Liability: I (or we), the undersigned, wish to inform the City of Maquoketa that I (or we) wish to have my water/sewer/garbage/recycling service discontinued for a certain period of time at the residential or commercial property listed below on or about the date of disconnection listed below. During that time, I (or we) do not want to be subject to the City's normal policy for the disconnection of this service, such as: shutting our water off at the curb, removing our water meter, and requiring our presence when these activities are occurring.

To accomplish this, I (or we) agree to waive any claims of liability toward the City of Maquoketa and Alliance Water Resources (the City's water/wastewater contract operator) and agree to hold the City and Alliance Water Resources harmless should any water damage occur at this property due to my/our decisions to opt out of the City's normal disconnection procedures.

Furthermore, I (or we) agree that the City of Maquoketa, Alliance Water Resources, and their employees shall not be held responsible or liable for any injury, damage, or loss in any case whatsoever to myself or my merchandise, property, or personnel (if applicable).

Reason for Seeking Interim Disconnect: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Service Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Emergency Contact & Phone #: \_\_\_\_\_

Winter Address: \_\_\_\_\_

1. Send final bill to winter address? \_\_\_\_\_ NO \_\_\_\_\_ YES (Contact City Hall to Change Back)

2. City of Maquoketa to turn your water off at the curb? \_\_\_\_\_ NO \_\_\_\_\_ YES

Date of water disconnection: \_\_\_\_\_

(Person must be there when water is shut off and turned back on – Contact City Hall)

Remove water meter? \_\_\_\_\_ NO \_\_\_\_\_ YES

3. City of Maquoketa to suspend garbage/recycling service? \_\_\_\_\_ NO \_\_\_\_\_ YES

Date of Garbage/Recycling Disconnection: \_\_\_\_\_ (no less than 1 month)

Date of Garbage/Recycling Connection: \_\_\_\_\_ (no more than 6 months)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY:**

Account Number: \_\_\_\_\_ Bank Draft: \_\_\_\_\_ No \_\_\_\_\_ Yes

Category \_\_\_\_\_ Water Off \_\_\_\_\_ GAR/REC Suspension \_\_\_\_\_ Temporary Vacancy

DATE GAR/REC OFF: \_\_\_\_\_ BY: \_\_\_\_\_ DATE GAR/REC ON: \_\_\_\_\_ BY: \_\_\_\_\_