

# LOCKOUT REQUEST FORM RECONNECTION



Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Date Service Is To Be Reconnected: \_\_\_\_\_

**By signing this form, I agree to the following:**

- I request that the City of Banks reconnect the water meter at the above service address.
- I agree to pay all outstanding account balances, and lockout reconnection fee prior to **water service being restored.**
- I agree that I will not hold the City of Banks responsible for any damages or losses that **may occur, due to the request I made to have the service locked out, and that I will be present at when the water service is restored.**
- I agree that prior to restoration of water service, I will fill out any appropriate **paperwork, and pay the fees for reconnection.**

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

**For Office Use Only**

Date request received \_\_\_\_\_ Fees Paid \_\_\_\_\_ Work Order Opened \_\_\_\_\_

Turned on in computer \_\_\_\_\_ Removed from lockout list \_\_\_\_\_

Completed by \_\_\_\_\_

**The City of Banks is an Equal Opportunity Employer and Provider**

Form W9