

LOCKOUT REQUEST FORM



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