

Water Activation Authorization

I HEREBY AUTHORIZE MARION UTILITIES TO TURN ON THE WATER AT _____
_____ WITHOUT MY BEING THERE.

I FULL REALIZE THAT THE UTILITY NORMALLY REQUIRES AN ADULT TO BE PRESENT AT THE TIME OF THE CONNECTION.

I FURTHER REALIZE THAT, WITH MY SIGNATURE ON THIS CARD, I AM ASSUMING FULL RESPONSIBILITY FOR ANY AND ALL TYPES OF DAMAGE WHICH MAY OCCUR AS A RESULT OF THE CONNECTION OF THE WATER SERVICE. I WILL IN NOWAY HOLD THE UTILITY RESPONSIBLE. THEY ARE DOING THIS AT MY REQUEST AND WITH MY AUTHORIZATION .

Account Holder's Signature

Date

1540 N. Washington St. • Marion, IN 46952



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