

**CITY OF RINCON
WATER SERVICE WAIVER
TURN ON AFTER DISCONNECT
FAX #: 912-826-2083
TELEPHONE #: 912-826-5745**

Date: _____

Account #: _____

Last Name: _____

First Name: _____

Service Address: _____

Home/Cell Phone: _____

I acknowledge water service will be turned on at the above property on the date scheduled. I will not hold the City of Rincon responsible for any property damage to the water being turned on without my presence. I acknowledge if the meter shows water usage is considered above normal, it may be turned back off and my presence will be required for connection of service. **(A \$25.00 CALL OUT FEE WILL BE CHARGED)**

Signature

Date