

TURN WATER ON/OFF PERMIT

CITY OF RUTLAND, VERMONT
 Department of Public Works
 P.O. Box 969, Rutland, VT 05702-0969
 (802) 773-1813

Property Owner: _____

Date: _____

Location: _____

Scheduled Date and Time: _____ / _____ / _____ at _____ :

Turn Water On: Turn Water Off:

Reason: _____ Repair _____ Vacant _____ Seasonal
 _____ Demolition _____ Other: _____

Applicant is:	
Owner:	<input type="checkbox"/>
Owner's Agent:	<input type="checkbox"/>

Notes:

1. Scheduled date and time is for planning purposes only. Actual date and time will depend upon the availability of personnel and time to perform this service.
2. The owner or authorized agent hereby indemnifies the City from any loss or damage that may directly or indirectly be caused by the turning off or turning on this water service.
3. Water will not be turned off or on unless the property owner or authorized agent is present at the the time of the turn on or turn off.
4. A permit fee will be charged for each turn on or turn off, except that when a turn off and turn on occur for the same water service within forty eight hours and the second event is during the normal workday, only one fee will be charged.
5. Unless an emergency, a 48 hour notice is required for all Turn-ons, Turn-offs.
6. All new connections require a backflow device to be installed prior to water turn on.
7. All buildings that request a turn off shall have a backflow device installed prior to water turn on.

Fees: Charge Code: 8000	Payment:
During Normal Workday (7:30 a.m. - 3:00 p.m. M-F) <input type="checkbox"/> \$10.00	Check No: _____
After hours and Saturdays <input type="checkbox"/> \$80.00	Cash: _____
Sundays & Holidays <input type="checkbox"/> \$95.00	Rec'd by: _____

Notice: It is City Policy to not honor water shut off requests for occupied multi-family residences except for emergency or plumbing repair purposes. By signing below, the applicant certifies that this requested turn off is in compliance with that policy.

If Applicant is Owner Complete this Section:	If Applicant is Agent Complete this section:
Home Tel. No.: _____	Name: _____
Bus. Tel. No.: _____	Company Name: _____
Cell No.: _____	Address _____
