RELEASE

The undersigned recognize that it is the policy of the Fort Madison Water Department to require that the customer, or the customer's representative, be present at the residence at such time that water service is turned on. This policy is in effect so that in the event anything is wrong with the water lines or any water faucets in the residence are open the water can be immediately turned off thereby keeping damage to a minimum.

The undersigned acknowledges that they have been informed of this policy and the reasons for it. Regardless of the foregoing policy, the undersigned specifically requests that water service be turned on at the address listed below in the City of Fort Madison, Iowa on _____ (Date) without the undersigned or their representative being present.

The undersigned fully, knowingly and intelligently releases the City of Fort Madison and the Fort Madison Water Department from any and all liability of whatsoever kind could or may result from or in connection with the Fort Madison Water Department turning the water service on.

By signing below I hereby acknowledge that I have read, understand and agree to the above statement.

_____

SIGNATURE DATE

_____

PRINT NAME

_____

ADDRESS