

**MULTIPLE TURN ON / TURN OFF AUTHORIZATION
CITY OF GREAT FALLS FAX # (406) 452-8048**

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

UTILITY ACCOUNT # _____

REQUEST:

I hereby request termination / connection of City Utility services at my service address stated above. The utility service to be terminated/ connected includes water, sewer, and sanitation (garbage).

THE OWNER ACKNOWLEDGES AND AGREES:

- A.** The City of Great Falls has provided utility services to said premises by the request of the owner and contingent upon payment for said services.
- B.** The City of Great Falls shall be harmless, and / or indemnified for any claims, or liability arising out of requested termination of utility services.
- C.** The City of Great Falls ordinances require the payment of fees for turn on of utility services. Those fees are currently thirty five dollars (\$35.00) for turn on during normal business hours and forty five (\$45.00) for overtime hours.
- D.** City of Great Falls Ordinance for Sanitation - 8.32.420 states:
It is declared that it is in the interest of good health and sanitation that all premises in the city should receive sanitation service. No service exemption shall be made.
The Availability of water service represents:
 - (1) the potential for sanitation service regardless of occupancy (lawn refuse, etc.) ; and,
 - (2) the potential to be occupied without notification to the City.In order to implement City ordinance and control sanitation services, all premises that have water service shall be charged for sanitation service. The only exemption from City sanitation service will be those premises that have contracted with a private garbage service or the water is turned off by the City.

I HAVE READ THE REQUEST AS STATED ABOVE AND HEREBY CERTIFY THAT:

- 1. I AM THE OWNER AS STATED.**
- 2. I UNDERSTAND ALL OF THE WORDING IN THIS REQUEST.**
- 3. I AM REQUESTING TERMINATION/CONNECTION OF SERVICE AS STATED.**
- 4. I AUTHORIZE MY SIGNATURE TO BE USED FOR FUTURE ON/OFF REQUEST.**

CONNECTION / TERMINATION OF SERVICES REQUEST

TURN ON/OFF DATE: _____

TURN ON/OFF TIME: _____

OWNERS SIGNATURE: _____

PLEASE PRINT NAME _____

SANITATION _____ **DATED** _____