



***AFFIDAVIT FOR MUNICIPAL WATER
TURN ON/TURN OFF SERVICE****

I, _____, do hereby authorize the Town of
(Print Name)
South Kingstown Water Division personnel to perform Turn On and/or Turn Off service for
my property located at _____
(Print Street Address)
without my presence during said service.

As owner of the aforementioned property, I fully understand that water damage to my dwelling may occur as a result of broken plumbing due to frozen pipes, fixtures, valves and/or water meter during Turn On services and that the Town makes no warranty that water has been terminated during Turn Off services since I am unable to be present for either Turn On and/or Turn Off activities.

Therefore, I hereby indemnify and hold harmless the Town of South Kingstown and its employees for any material, property, and/or financial loss resulting from water damage during Turn On and/or Turn Off services.

(Signature of Property Owner) (Date)

WITNESS: _____
(Signature of Witness)

EMERGENCY PHONE # : _____

***PLEASE NOTE: Upon receipt, this affidavit will be filed. Property owners still need to call the office at (401) 789-9331 Ext 2257 to schedule a time to have the water turned on or off. We will not perform this service until we hear from you.**