



SOUTH DAKOTA
Water Service Reconnection Waiver

Date: _____

I have requested the City of Dell Rapids to reconnect water service in my name at the service address listed below. I understand that reconnection of water service could result in water overflows that reconnection of water service could result in water overflows that cause damage to the service address and/or the personal property therein if all water connections are not properly closed, including but not limited to all interior and exterior water faucets, sinks, tubs, showers, toilets, appliances, hose bibs, and spigots.

I further understand that, due to the reintroduction of water pressure to water lines and water connections at the service address, reconnection of water service could cause leaks to internal or external water lines and/or at water connections associated with those water lines.

I further understand that due to these risks, the city of Dell Rapids advises that I be present at the service address during the City's reconnection of water service to mitigate any damage should water overflows or leaks occur during the reconnection process. I understand the City will not be monitoring the service address for overflows or leaks that may occur during the reconnection process.

NOTWITHSTANDING THE CITY'S ADVICE AND NOTWITHSTANDING THE POTENTIAL FOR WATER DAMAGE TO THE SERVICE ADDRESS AND/OR PERSONAL PROPERTY THEREIN, I HAVE DECLINED TO BE PRESENT AT THE LISTED SERVICE ADDRESS DURING THE RECONNECTION PROCESS. The City of Dell Rapids Utility billing has fully explained, and I understand the potential risks and damage that may result if I am not present when the City of Dell Rapids reconnects my water service. I understand that water could leak from any open faucet, sink, toilet, tub, appliance, spigot, or water pipe located inside or outside the service address property.

BY SIGNING THIS WAIVER I ACCEPT ALL RESPONSIBILITY FOR POTENTIAL DAMAGES AND AGREE TO HOLD THE CITY OF DELL RAPIDS HARMLESS FOR ANY DAMAGE THAT RESULTS FROM RECONNECTING WATER SERVICE AT THE LISTED SERVICE ADDRESS BECAUSE I DECLINED TO BE PRESENT.

By signing this form, I represent that I am the owner of the property at the service address listed below or that I have the authority on behalf of the owner to request this service by the City of Dell Rapids.

Service Address:

Printed Name:

Signature:

Business Name (if applicable):

Title (if applicable):

Email:

Phone:

Email completed form to brittneyn@cityofdellrapids.com or deliver to City Hall at below address.

City of Dell Rapids, SD | 317 E 4th St. | Dell Rapids, SD 57022
Phone: (605) 340-1670 | www.cityofdellrapids.org