ACCOUNT NO. _____

TOWN OF SCRIBA WATER DEPT.
SEASONAL TURN ON
PERMISSION FORM

(This form is for our customers who do not feel they need to be at appointment.)

PROPERTY ADDRESS:_____

I, as the homeowner of the property listed above, give the Town of Scriba Water Department permission to turn the water back on at the curb for the season at my address listed above **without** me being present for the appointment.

I understand that the Water Dept. will only be turning the water back on at the curb box and that their responsibility ends at the curb box.

I take full responsibility should anything have happened beyond that point.

_____
Property Owner Signature

_____
Date

_____
Phone Number

This form will stay on file and we will abide by this permission until advised otherwise by the property owner.

Please return completed form to us prior to scheduling appointment.

Mail: Town of Scriba Water Dept., 41 Creamery Rd., Oswego, NY 13126
E-mail: Scribawaterfacilitiesclerk@gmail.com
Fax: 315-342-3723