CUSTOMER ASSUMES RESPONSIBILITY FORM

CITY OF WESTFIELD-PUBLIC WORKS DEPARTMENT

CUSTOMER NAME:_____

COMPANY NAME:_____

BUSINESS ADDRESS:_____

SERVICE ADDRESS:_____

PHONE NUMBER_____

Permission has been given to Westfield Public Works to initialize the water service at the above address.

I assume all responsibility for any damage that may be the result of restoring or initializing the water/sewer in my absence under the rules and regulations of the City of Westfield.

I understand should the meter spin when the service is turned on (indicating a possible leak) it will immediately be shut off until such time when someone can be present to determine why the meter is turning.

I agree to pay all applicable reconnection fees for water and/or sewer services.

_____ _____

Customer Signature **Date**