

REQUEST FOR WATER SERVICE
MARYSVILLE-OTISCO-NABB WATER CORPORATION
P.O. BOX 86, OTISCO, IN 47163

1. NAME OF APPLICANT: _____
2. LOCATION OF PROPERTY WHERE SERVICE IS REQUESTED: _____
3. MAILING ADDRESS: _____

AS A WATER UTILITY WE ARE OBLIGATED BY LAW TO PROVIDE SAFE DRINKING WATER TO ALL OUR CUSTOMERS (INDIANA SAFE DRINKING WATER ACT). IN ORDER TO MEET THIS OBLIGATION CERTAIN REQUIREMENTS MUST BE MET BY THE UTILITY CUSTOMER.

THERE REQUIREMENTS ARE SET OUT AS FOLLOWS:

- A. YOU WILL BE REQUIRED TO MEET WITH OUR SUPERINTENDENT PRIOR TO INSTALLATION OF YOUR SERVICE TO DETERMINE THE BEST LOCATION.
- B. WHEN YOU ARE INSTALLING YOUR SERVICE LINE, WE WILL REQUIRE THAT YOU INSTALL A CUT-OFF VALVE WHERE YOU CONNECT TO THE METER ENABLING YOU TO TURN YOUR WATER OFF AND ON WITHOUT USING THE UTILITIES CUT-OFF VALVE INSIDE THE METER BOX. USING THE UTILITIES SERVICE BOX COULD RESULT IN DAMAGE RESULTING IN REPAIR COSTS TO YOU. LEAVING THE METER LID OFF DURING COLD WEATHER COULD RESULT IN FREEZING OF YOUR METER OR COULD RESULT IN PERSONAL INJURY.
- C. PLEASE CONTACT US ONE DAY IN ADVANCE WHEN YOU WANT THE METER INSTALLED IN THE PIT. WE WILL WANT TO MAKE SURE THERE ARE NO PROBLEMS IN THE SERVICE. ALSO, ASSIST THE CUSTOMER IN CHECKING SERVICE LINE. ESTABLISHING A DATE FOR BEGINNING CHARGE FOR SERVICE.
- D. YOU MAY LIVE IN A HIGH-PRESSURE AREA. WHAT THIS MEANS TO YOU IS YOU MAY WANT TO INSTALL A PRESSURE REDUCER VALVE ON YOUR SIDE OF THE METER IN ORDER TO CONTROL THIS SITUATION. OUR SUPERINTENDENT WILL ADVISE YOU WHAT PRESSURE IS IN YOUR AREA.
- E. WE ARE INSTALLING A CHECK VALVE WITH YOUR METER SERVICE. YOU ARE RESPONSIBLE FOR MAINTAINING A PRESSURE RELEASE VALVE AT YOUR HOT WATER HEATER. IF YOU WILL BE USING ANY TYPE OF AUTOMATIC WATERING DEVICES WE ARE NOT RESPONSIBLE IN THE EVENT THEY DO NOT OPERATE PROPERLY. IF YOU INTEND TO USE ANY OTHER SOURCE OF WATER IN CONNECTION WITH THE WATER YOU WILL BE RECEIVING FROM US PLEASE ADVISE US. THIS COULD RESULT IN A CROSS CONNECTION AND WE NEED TO EXPLAIN THE HAZARDS INVOLVED.
IF YOU WILL BE USING CHEMICALS OR OTHER CONTAMINANTS WE WOULD NEED TO HAVE THIS INFORMATION IN ADVANCE.
- F. AS SOON AS YOU HAVE CONNECTED TO THE WATER SERVICE, PLEASE NOTIFY THE UTILITY IN ORDER THAT WE MAY INSPECT YOUR CONNECTION AND THE VALVE WE HAVE REQUESTED BE INSTALLED.

I UNDERSTAND THE REQUIREMENTS AND INFORMATION PROVIDED ABOVE. I UNDERSTAND BY COMPLYING WITH THESE REQUIREMENTS I ASSIST THE UTILITY IN PROVIDING SAFE DRINKING WATER FOR MYSELF AND OTHERS.

DATE _____

SIGNATURE _____