



CITY OF HARPER WOODS

WATER RECONNECT WAIVER

ACCOUNT NUMBER _____

ADDRESS _____

PHONE _____

HEAT YES NO

VACANT YES NO

OWNER _____

TENANT _____

By signing this, I do not hold the City of Harper Woods responsible for any damages that may occur when water service is restored. Service will be restored within 24 to 48 hours.

SIGNATURE _____

PRINTED NAME _____

DATE _____