

Service Termination Request

Requester Name: _____**Requester Address:** _____**Mailing Address:** *(If Different from Requester Address):* _____**Property Owner:** _____**Contact Person:** _____ **Phone:** _____**Email Address:** _____**Type of Account:** Residential Commercial
 Industrial Other (Specify): _____**Property Number:** _____**Type of Termination:** Temporary Ownership Transfer Permanent**Number of Units on the Property:** _____. **Are you residing in the property?** Yes No**Are you renting this property or any units in this property to a third party or parties?** Yes No**If so, provide the requested information on the attached List of Tenants (found on the reverse side of this form).****Date Service Required:** _____

A Fee of \$163.00 payable to "Capital Region Water" must accompany this Request.

I, the undersigned, understand that the water service line is the property owner's responsibility, and that Capital Region Water or its Management Agent, is not responsible for leaks which may result from service termination.

If individuals or entities other than you, the undersigned, occupy the property (e.g., tenants) for which you are requesting water service termination, you must notify Capital Region Water at once, because Federal and/or State law may require notification to all such occupants of said property of the proposed termination of water service prior to actual termination. Failure to notify Capital Region Water of the presence of other occupants or tenants at the property, or to provide complete and accurate information concerning the identity of such occupants or tenants, will result in you having to indemnify, hold harmless and defend Capital Region Water and the City of Harrisburg against any and all claims, fees, expenses, losses, damages, liability and costs including, but not limited to, the cost of defense, arising out of or in any way connected with the termination of water services resulting from your failure to provide such notification and information.

Signature of Requester_____
Date**Please complete and return to:****Capital Region Water**
Customer Service Center
100 Pine Drive
Harrisburg, PA 17103

Capital Region Water Use Only

Inspection Date: _____ **Inspector:** _____**Main Size:** _____ **Meter Size:** _____ **Meter Number:** _____**Tap Size:** _____ **Meter Make:** _____ **Meter Reading:** _____**Type (Material) of Service:** _____**Location of Service:** _____**Curb Box to Grade:** Yes No**Curb Box Accessible:** Yes No**Valve on Curb Side of Meter:** Yes No**Backflow Preventer Installed:** Yes No**Type:** _____



List of Tenants

Account Name: _____
Account Address: _____
Mailing Address: _____
Property Owner: _____
Contact Person: _____ Phone: _____
Property Number: _____
Number of Units in Property: _____

1. The following is a complete list of all residential units, unoccupied or occupied, for which the undersigned requests the termination of water service, and if any such units are presently occupied by tenants, the names and addresses of such tenants:

| Unit No. | Address | Names of Tenants, if occupied |
|----------|---------|-------------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |

2. The undersigned hereby certifies that the above listed units are either unoccupied, or if occupied, the tenants occupying such units have consented in writing to the proposed termination of water service.

3. If the undersigned is unable to make the certification in paragraph 2 above, the undersigned acknowledges that the termination of water service will not occur until either (a) the above-named tenants have informed Capital Region Water orally, or preferably in writing, of their consent to the termination; or (ii) Capital Region Water notifies the tenants of the proposed termination and of their rights under the Commonwealth of Pennsylvania's Utility Service Tenants Rights Act.

4. The undersigned executes this Supplement to the Service Termination Request with full knowledge that ANY FALSE STATEMENTS MADE ARE PUNISHABLE CRIMINALLY.

Date: _____ (Name)
_____ (Address)

Sworn to and subscribed
before me this _____ day _____ (Telephone)
of _____, _____ .

Notary Public

* THE UNDERSIGNED MUST HAVE THIS DOCUMENT NOTARIZED.

Please complete and return to:

Capital Region Water
Customer Service Center
100 Pine Drive
Harrisburg, PA 17103