

301 Yakima Street, 3rd Floor PO Box 519 Wenatchee, WA 98807

(509) 888-6200

Voluntary Inactivate Waiver and Indemnification Agreement Non-Water Only

As of	20	, I	, am voluntarily requesting
the City of Wena	atchee inactivate so	ewer and/o	, am voluntarily requesting or storm service billing for the following service location:
			PLEASE NOTE:
presenting this re		provide th	vided by Chelan County PUD must be turned off PRIOR to e form after water service is shut off will result in bills for
Wenatchee durin			owner/or authorized party (tenant) I must notify the City of ours (Monday – Friday 8a.m. to 5p.m.) once I restore water
I understand I will be charged a fee for this request and the fee will be added to the bill generated at the time the account is inactivated. All balances must be paid within 30 days once service is suspended and the bill generated to avoid further collection action.			
In consideration of the work, the undersigned hereby agrees to defend, indemnify and hold harmless the City of Wenatchee and its insurer from and for all claims, demands, damages and cause of action that arise from the work, whether or not caused by the City of Wenatchee's sole negligence or the negligence of others. This agreement applies, but is not limited to, lien claims for services, and claims for bodily injury, property damage, punitive damages, fines, penalties, costs and attorney fees. The undersigned further agrees that in the event the City of Wenatchee must file suit to enforce the terms of this agreement, the undersigned will pay the City of Wenatchee's actual attorney fees and costs incurred therein. My mailing address and contact phone number while services are suspended is:			
	-		City:
Street of 1 O Box	·		City.
Zip Code:	Ph	none numb	per(s):
Property Owner(s) Printed Name(s)			
Property Owner(s) Signature(s)			
Authorized Party Printed Name(s) other than Property Owner(s)			
Authorized Party	y Signature(s) othe	r than Pro	perty Owner(s)