



Department of Public Works

- Flood Control
- Operations
- Solid Waste Management
- Special Districts
- Surveyor
- Transportation

Brendon Biggs, M.S., P.E.
Director

Noel Castillo, P.E.
Assistant Director

REQUEST FOR TEMPORARY TURN ON/OFF OF WATER

I _____, the representative for the property located at _____ Account # _____, request the water to be turned on for a period of 48 hours beginning _____, for the purpose of a home inspection and/or appraisal to be done on the property.

I understand and expressly acknowledge that as an express condition to San Bernardino County Department of Public Works Special Districts – Water and Sanitation Division’s agreement to turn on the water despite the current arrearage for water service on the property described above in the amount of \$_____, that said arrearage amount shall become an obligation separate and apart from the property, and that said amount (plus accrued interest and penalties) will be paid in full into the escrow if and when said property is sold, and I agree to notify the prospective buyer, and the brokers for parties, if any, that this arrearage amount must be paid through escrow.

I further expressly acknowledge and agree to hold County Service Area 42, County Service Area 64, County Service Area 70, San Bernardino County Department of Public Works Special Districts – Water and Sanitation Division, San Bernardino County (collectively “Indemnitees”) and each of their officers, employees, independent contractors, free and harmless from any and all damage or personal injury, death, or any other loss that may occur as a result of the temporary resumption of water service, irrespective of who caused the damage, and I agree to defend any lawsuits that may be filed against any Indemnitees with counsel selected by the San Bernardino County Department of Public Works Special Districts – Water and Sanitation Division.

I also further agree to the fee of \$120, payable to San Bernardino County Department of Public Works Special Districts – Water and Sanitation Division, to cover the costs associated with this request, and expressly acknowledge that said fee is separate and apart from my personal obligation to pay the amount of the arrearage set forth above.

Representative: Printed Name

Witness: Printed Name

Representative: Signature

Witness: Signature

Date/Phone Number

Date

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