

# CITY OF ARLINGTON

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P.O. BOX 68  
ARLINGTON, OR 97812  
PHONE: 541-454-2743  
FAX: 541-454-2753  
TTY: 800-572-0638

## WATER METER SHUT-OFF ORDER AND RELEASE

I, \_\_\_\_\_, legal owner of property  
*(NAME)*

located at \_\_\_\_\_  
*(LEGAL DESCRIPTION)*

hereby request shut-off of water meter at \_\_\_\_\_  
*(ADDRESS)*

Further, the undersigned hereby release and discharge the City of Arlington, from any and all manner of claims, demands, causes of action or suits that he/she may now have or subsequently accrue to him/her by reason of this action taken by City of Arlington.

Signed \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_