



City of Oak Park

"The Family City"

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Mayor
Marian McClellan
Mayor Pro Tem
Carolyn Burns
Council Members
Kiesha Speech
Solomon Radner
Ken Rich
City Manager
Erik Tungate

Water Department

WINTER PROTECTION

Address to be Shut Off _____

While the residence is vacant, final billing should be mailed to the following address:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Please note: If you have printed this form from our website, you will still need to call our office to arrange your appointment time.

(1) I understand that the City of Oak Park Water Department will shut off my water for a fee of \$100.00 which will be added to the Final Bill. While the water service is shut off, I will not be assessed charges for water, sewer, meter charges, or garbage and rubbish fees. When the water service is reconnected, the before mentioned charges will resume. It is also my responsibility to ensure that the water department is informed of when to commence billing of my water account.

(2) It will be the responsibility of the resident to provide winter protection from freezing for the water meter and plumbing in the dwelling. **If the water meter freezes during the winter months, the resident will have to pay for a meter replacement.**

(3) The customer must be at the residence for shut off & reconnection. Shut-off / reconnection will take place Monday thru Thursday between 8:00am - 3pm (except for holidays designated on the city calendar). If service reconnection is requested outside of the above mentioned times, **(a) a crew must be available to provide shut-off or reconnection and (b) the customer must pay minimum overtime charges for 2 men for 2 hours, in addition to the \$100.00 fee mentioned in paragraph 1.**

If you are an organization doing work on behalf of another agency, please provide with this form official documentation, usually an affidavit, granting you authority to request this service.

I have read the above terms and conditions and hereby agree to them. I acknowledge that I am the owner or legally given the authority to have utilities turned on/off to this property.

Signature: _____ Date: _____

Telephone: _____ Witnessed by Water Dept. Staff _____

-----**For Office Use Only**-----

Current Balance: _____ Date of Shut Off: _____ Final Read: _____

Charge done by: _____ Date: _____ Final Bill Done by: _____ Date: _____