

WATER SHUT OFF FORM

Owner Name: _____

Address: _____

Contact Phone: (Day) _____ (Evening) _____

(Email) _____

Building Name and Unit : _____

Requested Day of Shutoff: _____

Requested Time of Shut off (Start & End): _____

Type of Work: _____

Plumber Company Name: _____

License #: _____

Plumber Phone: _____ Email: _____

INDEMNIFICATION: I agree to release and hold harmless AOA **Kinau Villa**, and its officers and agents in connection with any claim or loss arising from my construction project.

DAMAGE/LOSS: I agree to be responsible for any damage(s) to any of the common elements (roads, sidewalks, walkways, planting strips, any and all common elements, etc.) arising from my construction project.

CLEAN UP: I agree to be responsible for restoring the common elements pre-construction condition (i.e. cleaning dirt, mud and debris from road and sidewalks, moving material stockpile within project site, etc.) at the end of each work day.

REQUEST OF WATER SHUT OFF: Request for a water shut form and a Certificate of Insurance is to be received by Cadmus Properties Corp. no later than 48 hours prior to the date of the requested shut off.

I agree and accept conditions stated above:

Signature: _____ Date: _____

Approved by: _____ Date: _____

*****Please email or fax (808) 528-2804 completed application to our office*****

PHONE: (808) 531-6847 | FAX: (808) 528-2804 | EMAIL: admin@cadmusproperties.com