REQUEST FOR WATER WAIVER

Date: _________________

VACANT PROPERTY ADDRESS: ___________________________________________________________________________

PERSON REQUESTING A WAIVER IS THE:

☐ CURRENT HOMEOWNER  ☐ REALTOR  ☐ BANK REPRESENTATIVE  ☐ MORTGAGE COMPANY REPRESENTATIVE  ☐ OTHER:

As of Date: __________________________

NAME (& COMPANY, if applicable): _____________________________________________________________________

ADDRESS: _______________________________________________________________________________________

CITY, STATE, ZIP: __________________________________________________________________________________

PHONE: __________________ EMAIL: ___________________________________________________________________

The City of Coon Rapids posted this property for water shut off at the curb because the property is currently not occupied (City Code Chapter 13-216). I am requesting approval for water to remain on at the property for the following reason:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

I agree to the following terms, and if I fail to adhere to these requirements, the City will proceed in turning off the water to this property without further notice.

☐ Keep property connected to gas and electricity  ☐ Actively heat property

☐ Winterize the property  ☐ Provide general oversight to property, keeping it from becoming a nuisance to neighboring residents

Signature: ___________________________ Date: ___________________________ 

After submitting this request, you will be notified if the request was approved or denied. This request may be denied for lack of gas or electric service, property maintenance issues, violation of the State Building Code, or as determined by the City Manager. If you have any questions, contact Trevor White, Property Maintenance Coordinator, 763-767-6427. Submit form to TWhite@coonrapidsmn.gov or fax to 763-767-6573.

Status of Request: ___________________________ Expiration Date: ___________________________

City Staff Name: ___________________________ City Staff Signature: ___________________________