



## REQUEST FOR WATER SERVICE FREEZE PROTECTION

Property Owner \_\_\_\_\_

Account Number \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

I request freeze protection from November 1, \_\_\_\_\_ to March 31, \_\_\_\_\_. I understand that I may run water either continually or intermittently to prevent frozen pipes in my private water service line. I understand I must provide proof that the water is running onto the ground and not into the wastewater system. I understand that on April 1 my wastewater rate will be adjusted based on the actual metered water use from November 1 to March 31, or to 6000 gallons per month, whichever is less. I understand that I am responsible for paying for the water used for freeze protection.

\_\_\_\_\_  
**Signature**

**Please be aware that this application must be submitted annually.**

City of Hailey  
Public Works  
115 Main St. S, Suite H  
Hailey, ID 83333  
(208) 788-9830 ext. 22  
FAX: (208) 788-2924  
[utility.billing@haileycityhall.org](mailto:utility.billing@haileycityhall.org)

<b><u>Office Use Only</u></b>
SO# _____
Water Run on to Ground Verified By # _____
Logged Winter Leak WW Rate Spreadsheet _____
UB Inquiry Screen – Customer Notes _____