

## Water Activation Request - Foreclosures

By my signature below, I indicate that I am a licensed realtor in the State of Maryland and the following information to be true:

| 1. | Owner   |   |  |
|----|---|---|--|
|    |   | List the owner's Name and Address that has recently foreclosed on the properly listed below.  |  |
| 2. | Seller  |   |  |
|    |   | List the company's name and address engaging you to sell the property listed below as evidenced by a listing agreement. If the company listed as foreclosing (#1 above) is not the company engaging your services (#2 above) it is your responsibility to verify the company engaging your services is an authorized agent of the foreclosing company.  |  |
| 3. | Property Address  |   |  |
| 4. | Tax Reference   |   |  |
| 5. | A listing agreement or letter from the owner is attached that identifies:  [ ] Owner (listed in 1 above)  [ ] Realtor's name (listed in 11 below)  [ ] Property address (listed in 3 above (check all that apply) |   |  |
| 6. | I have verified that the Property has been transferred into the name of the owner listed in # 1 above.  [ ] Yes [ ] No  |   |  |
| 7. | <ul><li>a. for any cost</li><li>b. to pay any b</li></ul>   | of Salisbury to activate the water, I understand I will be responsible related to the turn of water including but not limited to damage from faulty water pipes. Dalance due on the water bill.  OT BE ACTIVATED UNLESS THE TOTAL BALANCE DUE IS PAID IN FULL AND THIS FORM IS COMPLETELY FILLED OUT  |  |
| 8. | I request that the wa<br>If you would like the wate   | ater be activated onand turned off of our and turned off of our and turned off our and turned our and |  |
| 9. |   | is authorized to act on my behalf   |  |
|    | related to this water   | turn on.  |  |
|    | Enter NA (not applicable to bring in the form will  | e) when you are personally bringing in the form to the city. The Driver's License of the individual you authorize<br>be required at the time this form is delivered.  |  |

10. The undersigned, individually and on behalf of the Real Estate Agency organization, for which he/she asserts that he/she is an authorized agent in this matter, agrees to protect, indemnify, defend, release, and hold harmless the City of Salisbury, its officers, agents, and employees from and against any and all claims, damages, demands, causes of action, and liability of any kind for and by reason of any act or omission of the undersigned, or claimed act or omission on the part of the City of Salisbury, including reasonable attorneys' fees concerning the water service activation including, but not limited to, all claims for injury, damages, personal injury, death, disability, loss of earning capacity, loss on consortium, and conditions incurred.



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## 11. My contact information is as follows

| Name               |                     | Realtor's License No |     |
|--------------------|---------------------|----------------------|-----|
| Real Estate Agency |                     |                      | *** |
| Address            |                     |                      |     |
| Telephone          | Facsimile Facsimile | Cell Number          |     |
| Email Address      |                     |                      |     |
| -<br>Signature     |                     | Date                 |     |

A copy of the realtor's driver's license and realtor's license must be attached to this form.