



## LETTER OF RESPONSIBILITY

Company or Owner Name: \_\_\_\_\_

Date: \_\_\_\_\_

Metro Water Services  
Development Services Center  
800 President Ronald Reagan Way  
P.O. Box 196300  
Nashville, TN 37219

This is to request that in accordance with a variance approval, the associated owner, Homeowners Association (HOA), or organization (“Owner”) will assume all responsibility for the following:

\_\_\_\_\_

Located at (address): \_\_\_\_\_

If the requested variance involves shared use of a sewer tap by two or more residences in a horizontal property regime, all the lines, fittings, and appurtenances upstream of the tap will be privately owned and not the responsibility of the Metropolitan Government to repair or maintain. If the [requested variance](#) involves water devices located in a mechanical room, then all water appurtenances located in that room will be privately owned and not the responsibility of the Metropolitan Government to repair or maintain. As a condition of approval of the variance, applicant and Owner shall indemnify and hold the Metropolitan Government and its employees, officers, and representatives harmless against all claims, costs, and damages relating to the variance in standard procedure or installation as described herein. In the event applicant and Owner fail to repair or replace the Private Lines when necessary to protect public health, the Metropolitan Government shall have the right to make the repairs and recover the cost of such work from Owner and the owners of the individual residences served by the Private Lines. A copy of this document may be filed with the [Register of Deeds for Davidson County](#) with the property records for each lot or separate residence affected by the variance. [Variance Requirements](#)

The following contact information is provided at your request:

Name of Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Print: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_