



# OWNER/TENANT APPLICATION FOR WATER SERVICE

(Complete both pages & return to the Municipal Office)

## APPLICATION FOR WATER ACCOUNT

Name of Property Owner(s)	
Legal Description of Property	
Roll Number	
Full Service Address	
Full Mailing Address	
Telephone Number	
Email Address	

<b>Land Use (Please select all that apply)</b>		
<input type="checkbox"/> Residential	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Commercial
<input type="checkbox"/> Other _____		

<b>For NEW Services Only</b>	<input type="checkbox"/> New Water Service to Property <input type="checkbox"/> Meter <input type="checkbox"/> Plumbing Permit
<b>For EXISTING Connections Only</b>	<input type="checkbox"/> Ownership Change <input type="checkbox"/> Meter <input type="checkbox"/> Plumbing Permit <input type="checkbox"/> Tenant Add/Remove <input type="checkbox"/> Meter Changeout <input type="checkbox"/> Turn Water OFF Request <input type="checkbox"/> Off by Date: _____

I/we have read and agree to all terms and conditions set in in Bylaw No. 2020-03, "By-law to regulate the distribution and use of potable water from the Municipal Water System" and the "Fees for Service By-Law" as amended from time to time, with respect to this water system.

If there is a tenant on the water account, then both the tenant and the owner of the property shall be given a copy of the arrears notice.

**Signed:** \_\_\_\_\_  
                     Signature of Property Owner(s)

\_\_\_\_\_

                    Name of Property Owner(s) – please print

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

# APPLICATION FOR WATER SERVICE

## Existing Service Maintenance

### NEW TENANT

To be completed Tenant	Tenant
Name	
Address	
Phone Number	
Email Address	

### MOVE IN

Date of Move			
Full Service Address			
Water Account Number			
Previous Customer	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Appointment needed for reconnect	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

### MOVED OUT

Account Name	Account Number
Full Forwarding Address	
Transfer Deposit to Account Number	
Refund Deposit	<input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No

### OWNERSHIP CHANGE

	Existing Owner	New Owner
Name		
Account Number		
Address		
Phone Number		
Email Address		
Final Meter Reading		
Forwarding Mailing Address		

### SERVICE & BILLING DISCONTINUED

Date Meter Returned	
Disconnect Fee of \$_____	: Paid <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No
Final Meter Reading _____	: Final Amount Paid \$_____