



# TOWN OF NORMAN WELLS APPLICATION FOR WATER & SEWER SERVICES

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

SERVICE POINT IDENTIFICATION and CLASSIFICATION: TYPE OF SERVICE (check only one)

NON-GOVERNMENT     RESIDENTIAL                       SECURITY DEPOSIT: Residential- \$100.00  
     COMMERCIAL                       SECURITY DEPOSIT: Commercial- \$ 300.00

GOVERNMENT                       RESIDENTIAL                       COMMERCIAL

### APPLICATION TO DISCONNECT:

Street Address: \_\_\_\_\_ Account # \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Termination Date: \_\_\_\_\_ Customer Signature: \_\_\_\_\_

Meter Deposit:  apply to final bill                       mail out cheque

Physical Disconnect of Meter  yes                       no                      Removal of Meter:  yes                       no

### APPLICATION TO CONNECT: Minimum monthly charge applies **APPLICATION FEE \$30.00: Waived / To Be Billed**

Street Address: \_\_\_\_\_ Account # \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Meter Deposit:  yes                       waived                      Dog:  yes                       no

Telephone: Home ( \_\_\_\_\_ )                      Work - ( \_\_\_\_\_ )

Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_

### RENTAL UNIT OWNER'S AGREEMENT TO GUARANTEE PAYMENT FOR SERVICE IS REQUIRED:

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

Telephone: Home - ( \_\_\_\_\_ )                      Work - ( \_\_\_\_\_ )

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Please be advised that any outstanding Water Bills may be transferred to your Tax Account as per By-Law 14-06 which enables Municipal Corporation to collect outstanding Utility Bills. Section 8.4(b) states : " Services charges, fees and all other penalties and charges levied pursuant to this by-law shall form a charge on the lands or premises in respect to which municipal services are provided, subject to the same penalties and collectable in the same manner as taxes levied by the municipality in the year which the default occurred."

I hereby apply for water and sewer services to the premises described above and agree to pay for such services at the times and rates prescribed by the Town of Norman Wells. Water and sewer billings will be calculated / estimated on a monthly basis; failure to receive a billing shall in no way affect the liability to pay the account. I agree to notify the Town of Norman Wells Immediately of any changes to my status or address and I will be liable for all charges until such notice is given.

Applicant's Signature \_\_\_\_\_ Service Date Requested \_\_\_\_\_

#### FOR OFFICE USE ONLY

Meter ID# _____	Meter Size: _____
Route: _____	Stop Date: _____
Old Reading: _____ Date: _____	
New Reading: _____ Date: _____	