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## **TOWN OF NORMAN WELLS**

## APPLICATION FOR **CONNECT** WATER & SEWERSERVICES

SERVICE POINT IDENTIFICATION and CLASSIFICATION: TYPE OF SERVICE (check only one) ☐ RESIDENTIAL ☐ SECURITY DEPOSIT Residential - \$ 100.00 NON-GOVERNMENT ☐ COMMERCIAL ☐ SECURITY DEPOSIT Commercial - \$ 300.00 ☐ GOVERNMENT APPLICATION TO CONNECT: Minimum monthly charge applies APPLICATION FEE \$30.00 WAIVED/TO BE BILLED Street Address: \_\_\_\_\_ Account no: Applicant's Name: Mailing Address: Postal Code: Email Address: \_\_\_\_\_ Telephone: Meter Deposit: Yes Waived Dog: Yes □ No □ RENTAL UNIT OWNER'S AGREEMENT TO GUARANTEE PAYMENT FOR SERVICE IS REQUIRED: Property Owner: \_\_\_\_\_ Telephone Number: 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 I 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:

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