## Town of Saltcoats

OFFICE OF THE TOWN ADMINISTRATOR

## WATER CONNECTION/DISCONNECTION APPLICATION

CONNECTION	Name of Applicant(s		): -				
Date of Application:		Service Ad	ldre	ess:			
Connection Date Requ		Mailing Address:					
(Minimum of 48 hours' notice is nor Contact Information	I						
	Phone	Phone:					
Meter #:	— Cell:	Cell:					
Recycle Bin #	— Fmail	Email:					
Trash bin #							
Purpose (circle one) Residential Commercial							
Type of Occupancy (ci (Account will be put into the name o owner unless property is rented)	1	Owner Renter					
Owner Signature:							
Applicant Signature (if different from owner):							
Connection Fee: \$50.00							
Notes:							
DISCONNECTION	Name of	Name of Applicant(s):					
Date of Application: Ser		Service Ad	vice Address:				
Shut Off Date Requested:							
Final Billing Information	Forw	Forwarding Address:					
Recycle Bin #	٥٠						
Trash Bin #	_	Phone:					
	Emai	Email:					
Reason for Disconnect (circle one):		Sol	ld	Vacation	1	Other:	
Account Holder Signature:							

Notes:

\* By signing this; I agree to use and pay for water and sewer service provided by the Town of Saltcoats according to the rates established by the current applicable bylaw. Failure to pay as required may result in disconnection of water service.\*