

Utilities Disconnection Form

DISCONNECTION DATE: _____

ACCOUNT #: _____

SITE INFORMATION

HAMLET/CO-OP: _____

LEGAL DESCRIPTION:

QTR/LSD	SEC	TWP	RGE	W5M	OR	REGISTERED PLAN	BLOCK	LOT	UNIT #
RURAL ADDRESS SIGN:									

FORWARDING ADDRESS

LAST NAME:		
FORWARDING ADDRESS:		
TOWN:	PROVINCE:	POSTAL CODE:
TELEPHONE:	ALTERNATE TELEPHONE:	

DATE NOTIFIED: _____

DISCONNECTION REQUESTED BY: _____

Please print name

Applicant's Signature

Witness Signature

OFFICE USE ONLY

FINAL READING: _____ ACCOUNT #: _____

DEPOSIT AMOUNT: _____ DEPOSIT RECEIPT #: _____

AMOUNT APPLIED TO ACCOUNT: _____ BALANCE REMAINING: _____

COMMENTS: _____

SERVICE CODES: _____ Water _____ Sewer/Service Charges

The personal information on this form is being collected for the purpose of Water and Sewer Hookups/Disconnections under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP Act. If you have any questions about the collection, contact the Big Lakes County FOIP Assistant at phone (780) 523 5955.

