

**WATER & SEWER SERVICES BY-LAW NO. 705  
THE MUNICIPAL CORPORATION OF THE TOWN OF FORT SMITH  
SCHEDULE "B" FORMS**

**APPLICATION FOR TRUCKED WATER CONNECTION  
FORM W/S-2**

**CONNECTION EFFECTIVE DATE:** \_\_\_\_\_

ACCOUNT TRANSFER: Y / N (If yes, has disconnection form for previous occupant been completed? \_\_\_\_\_ )

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

NO. OF OCCUPANTS: \_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PLAN: \_\_\_\_\_ ROLL #: \_\_\_\_\_

IF RENTAL PROPERTY, OWNER'S NAME & ADDRESS: \_\_\_\_\_

DEPOSIT: \$ \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ PAID BY: \_\_\_\_\_

PREVIOUS OCCUPANT: \_\_\_\_\_

NOTES: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INTERNAL USE ONLY (do not write below here)**

UTILITY NO: \_\_\_\_\_ F.O. DATE: \_\_\_\_\_