

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

**APPLICATION FOR PIPED AND TRUCKED WATER DISCONNECTION
FORM W/S-3**

DISCONNECTION EFFECTIVE DATE: _____

ACCOUNT TRANSFER: Y / N (If yes, has connection form for new occupant been completed? _____)

NAME: _____

MAILING ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

CIVIC ADDRESS: _____

LEGAL DESCRIPTION: LOT: _____ BLK: _____ PLAN: _____ ROLL #: _____

METER NUMBER: _____ FINAL METER READING: _____

METER DEPOSIT \$: _____ PAID BY: _____

FORWARDING ADDRESS: _____

I understand that my meter deposit (if applicable) will be applied against my final utility bill and that the balance will be refunded.

APPLICANT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

NOTE: You may consider having your lines blown out after disconnection to avoid any freezing. The Town is not responsible for any frozen lines due to disconnection. A new application for reconnection must be made through the Town office before service will be restored.

WATER PLANT

WATER DISCONNECTION AT CURB STOP: YES / NO

DATE OF DISCONNECTION _____ WORK CONFIRMED: _____

INTERNAL USE ONLY (do not write below here)

UTILITY NO: _____ F.O. DATE: _____