APPLICATION FOR PIPED WATER/SEWER CONNECTION

CUSTOMER

CONNECTION EFFECTIVE DATE:	
PROPERTY ADDRESS:	
IF RENTAL PROPERTY, OWNERS NAME AND ADDRESS:	
NAME:	
MAILING ADDRESS:	
HOME PHONE #:	WORK PHONE #:
email address :	
(Please include	e email address if you wish to have your water bill emailed to you
APPLICANT SIGNATURE:	DATE:
IER TREATMENT PLANT	
ACCOUNT TRANSFER: Y/N	
ACCOUNT TRANSFER: Y/N	
ACCOUNT TRANSFER: Y/N_ If yes, has disconnection form for pr	
ACCOUNT TRANSFER: Y/N	revious occupant been completed?)
ACCOUNT TRANSFER: Y/N	revious occupant been completed?) READING:
ACCOUNT TRANSFER: Y/N	revious occupant been completed?) READING:
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