

**SCHEDULE "B"  
TO BYLAW NO. 604/19**

**APPLICATION FOR THE SUPPLY OF WATER & SEWER SERVICE**

DATE OF APPLICATION: \_\_\_\_\_

DATE SERVICE REQUIRED: \_\_\_\_\_

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

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

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBERS: Residence: \_\_\_\_\_; Work: \_\_\_\_\_

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

LOT: \_\_\_\_\_; BLOCK: \_\_\_\_\_; PLAN NO.: \_\_\_\_\_

HOMEOWNER       RENTER       OTHER \_\_\_\_\_

EMAIL: \_\_\_\_\_

WOULD YOU LIKE E-BILLING?:    YES                       NO

The undersigned hereby submits application for the supply of water to a building situated on the above described location, as well as sewer service from such building.

<b>OPTION #1: MONTHLY BILLINGS</b> _____
<b>OPTION #2: SEMI-ANNUAL BILLINGS</b> _____
<b>OPTION #3: ANNUAL BILLINGS</b> _____

<b>ENVIRONMENTAL FEE: \$10.00 PER MONTH</b>
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I hereby agree to pay the monthly, semi-annual or annual water and sewer charges within twenty (20) days from the date of billing. It is understood that if I do not make payment within twenty (20) days from the date of billing, the service will be disconnected and a charge of twenty-five dollars (\$25.00) plus g.s.t. will be made for turning off the water and turning it on again. I further agree to pay to the Town of La Ronge the water and sewer charge effective the date listed on this application as being required. I further agree to pay the eighty-five dollars (\$85.00) deposit fee upon application. It is understood that upon termination the deposit will be refunded less any monies owing to the Town. It is understood that I am responsible for payment of the billings until the date given on the notice of termination of service. It is also understood that I am responsible for the environmental fee at a rate of \$10.00 per month.

I understand that I will not automatically receive utility bills by regular mail, if I've selected the option for e-billing, and that failure to receive a utility bill does not excuse me from the responsibility of payment of utilities, nor relieve me from the liability of penalty for late payments. I accept responsibility for contacting the municipality with any future change in my e-mail address.

\_\_\_\_\_ WITNESS

\_\_\_\_\_ APPLICANT

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**FOR DEPARTMENT USE ONLY:**

ASSESS. NO:	DATE:	W.O.#:
UTIL. REC.#:	AMOUNT:	W.O. DATE:
USER GROUP:	WATER CODE:	
	SEWER CODE:	