

**MOVING / TERMINATION  
WATER & SEWER SERVICE**

DATE : \_\_\_\_\_

DATE SERVICE NOT REQUIRED: \_\_\_\_\_

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

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

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

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

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

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

The undersigned hereby submits application for the termination of water and sewer billing to a building situated on the above described location.

It is understood that I am responsible for payment of the billings until the date given on the notice of termination of service.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
APPLICANT

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**FOR DEPARTMENT USE ONLY:**

<b>ACCT. NO:</b>  	<b>Current Balance Owing</b> (w) (s) (e) <b>Total =</b> _____	<b>NOTES:</b>  
<b>BILL CYCLE:</b>  	<b>Deposit in Trust = \$</b> _____	
<b>USER GROUP:</b>  	<b>TOTAL REFUND</b> _____ OR <b>AMT. OWING</b> _____	
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