



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

APPLICATION FOR PIPED WATER/SEWER CONNECTION

CUSTOMER

***Please note that all applicable fees for setting up an account for water and sewer services must be paid up front before services can be activated or transferred to another civic address.**

CONNECTION EFFECTIVE DATE: _____

PROPERTY ADDRESS: _____

IF RENTAL PROPERTY, OWNERS NAME AND ADDRESS: _____

NAME: _____

MAILING ADDRESS: _____

HOME PHONE #: _____ **WORK PHONE #:** _____

EMAIL ADDRESS : _____

(Please include email address if you wish to have your water bill emailed to you.)

APPLICANT SIGNATURE: _____ **DATE:** _____

WATER TREATMENT PLANT

ACCOUNT TRANSFER: Y/N _____

(If yes, has disconnection form for previous occupant been completed?)

METER #: _____ **READING:** _____

INTERNAL USE ONLY

PREVIOUS OCCUPANT: _____

METER DEPOSIT: _____ **RECEIPT #:** _____

ROLL #: _____ **ACCOUNT #:** _____

WORK CONFIRMED: _____ **DATE:** _____