



TOWN OF REDCLIFF UTILITY APPLICATION

APPLICATION DATE: _____ DATE REQUIRED: _____

NAME: _____ TELEPHONE NO.: _____

SIGN-ON ADDRESS: _____
SERVICE ADDRESS CITY POSTAL CODE

C/O ADDRESS: _____
SERVICE ADDRESS CITY POSTAL CODE

Place of Employment _____ Telephone No.: _____

Spouse / Roommate: _____ Place of Employment: _____

IDENTIFICATION: DL No./ Other _____ Date of Birth: _____

Own Bulk PIN Deposit Dog Deliver water meter

Meter Readings		M3	Gals.
Water			

Garbage Bin Required Commercial Sign-on
 _____ 1.5 y³ _____ 3.0 y³ _____ Rollout Bin

NAME: _____

SIGN-OFF ADDRESS: _____
SERVICE ADDRESS CITY POSTAL CODE

C/O ADDRESS: _____
SERVICE ADDRESS CITY POSTAL CODE

ACCOUNT NO.: _____ DATE REQUIRED: _____

	SIGN-OFF	SIGN-ON	CONNECT/ RECONNECT	TEMPORARY SERVICE	G.S.T.	TOTALS
WATER						
SEWER						
GARBAGE						
BULK DEPOSIT						
TOTAL						

"I HEREBY AGREE TO ABIDE BY ALL BYLAWS AND REGULATIONS NOW
AND HEREAFTER IN FORCE"

Meter Readings		M3	Gals.
Water			

(Signature of Applicant)