

TOWN OF REDCLIFF UTILITY APPLICATION

TOWN OF REDCLIFF

APPLICATION	DATE:				DATE REQU	JIRED:		
NAME:								
ADDRESS: -		SERVICE ADDR	RESS			CITY		POSTAL CODE
C/O ADDRESS: SERVICE ADDRESS						CITY		POSTAL CODE
Alternate Contact:								
Email:					Employment:			
IDENTIFICATION: DL No./ Other				.	Date of Birth:			
Own Release Bulk Deposit					License	ater meter		
Meter Readings M3				Gals.		_		Not motor
					Garbaç	ge Bin Required	Commercial Sign-on	
Water					Ex	emption	3.0 y³	Rollout Bin
NAME:								
SIGN-OFF								
ADDRESS:SERVICE ADDR			RESS			CITY		POSTAL CODE
C/O ADDRE		SERVICE ADDRESS			CiTY			
ACCOUNT NO.:					DATE REQUIRED:			POSTAL CODE
	SIGN-OFF	SIGN-O		C	ONNECT/ CONNECT	TEMPORARY SERVICE	· · · · · · · · · · · · · · · · · · ·	TOTALS
WATER					<u> </u>			
SEWER		<u>. </u>						
GARBAGE						I.		1
DEPOSIT								1
	<u> </u>	1				<u>.</u>	TOTAL	
	"I HEREBY A				LL BYLAWS	S AND REGU PRCE"	ILATIONS N	IOW
М	eter Readings		МЗ	Gals.				
Water							(Signature of Ap	oplicant)
THE PRINTER (MEDICI	NE HAT) LTD			<u> </u>	1		TOWN OF BEI	DCLIFE

The Town of Redcliff is required by law to collect G.S.T. on Sign On Fees.