

Town of Saltcoats

OFFICE OF THE TOWN ADMINISTRATOR

WATER CONNECTION/DISCONNECTION APPLICATION

CONNECTION	Name of Applicant(s):	
Date of Application:	Service Address:	
Connection Date Requested: <small>(Minimum of 48 hours' notice is normally required)</small>	Mailing Address:	
Contact Information Meter #: _____ Recycle Bin # _____ Trash bin # _____	Phone: _____ Cell: _____ Email: _____	
Purpose (circle one)	Residential	Commercial
Type of Occupancy (circle one) <small>(Account will be put into the name of the registered owner unless property is rented)</small>	Owner	Renter
Owner Signature:		
Applicant Signature (if different from owner):		
Connection Fee: \$50.00		
Notes:		

DISCONNECTION	Name of Applicant(s):	
Date of Application:	Service Address:	
Shut Off Date Requested:		
Final Billing Information Recycle Bin # _____ Trash Bin # _____	Forwarding Address: _____ Phone: _____ Email: _____	
Reason for Disconnect (circle one):	Sold	Vacation
Other: _____		
Account Holder Signature:		
Notes:		

*** By signing this; I agree to use and pay for water and sewer service provided by the Town of Saltcoats according to the rates established by the current applicable bylaw. Failure to pay as required may result in disconnection of water service.***