



COUNTY OF NORTHERN LIGHTS
APPLICATION FOR UTILITIES SERVICE FORM
DIXONVILLE HAMLET
REFERENCE TO BYLAW #19-40-435 "SCHEDULE C2"

NAME AND ADDRESS OF APPLICANT (Please Print)

NAME OF PROPERTY OWNER (If Different from Applicant)

LAST NAME FIRST INITIAL

LAST NAME FIRST INITIAL

MAILING ADDRESS

MAILING ADDRESS

CITY, TOWN, VILLAGE, ETC.

CITY, TOWN, VILLAGE, ETC.

POSTAL CODE

POSTAL CODE

PHONE (Res)

PHONE (Cell)

PHONE (Res)

PHONE (Cell)

LEGAL DESCRIPTION OF PROPERTY

PLAN NUMBER

BLOCK

LOT

QUARTER

SECTION

TOWNSHIP

RANGE

MERIDIAN

RURAL ADDRESS

1. I have previously had a utility (water/sewer) account with a County: Yes No

If yes, Account Number _____.

2. Date service required: _____

CUSTOMER STATEMENT

As a **CUSTOMER** receiving or to be receiving water and sewer service, I understand that:

* I must notify the office of the County of Northern Lights, in writing, of any service connections or disconnections; AND

* I am fully responsible for any service amount(s) charged to my account if I move and do not provide appropriate notification of any service disconnections.

* Unpaid balances will be subject to 2% interest after 30 days. Failure to pay your account in a timely fashion will result in further actions to be taken.

As the **OWNER** of this property I acknowledge that I am responsible for any service amounts(s) charged to this account if the renter moves and the account is not in good standing. I am also responsible to provide appropriate notification of any service disconnection.

SEE REVERSE FOR TERMS AND CONDITIONS

TERMS AND CONDITIONS

1. The County agrees to sell and Customer agrees to purchase and pay for, the service referred to below under all provisions of the County Water/Wastewater Bylaw.

PRODUCT: Potable Water & Sewer Disposal

2. The prices set out in this agreement below may change from time to time. In the event of a system failure or where the supply of water is depleted, the County will not be responsible to deliver or supply the customer with potable water.
3. Upon acceptance of the user as a client, the client agrees to pay the fees for Water and Wastewater Service set out in the County's Schedule of Fees Bylaw.
4. The Water & Wastewater service fees shall be levied and collected monthly.

I _____ fully understand and agree to the above terms and conditions.

Signed this _____ day of _____ 20____.

SIGNATURE OF APPLICANT

SIGNATURE OF WITNESS

SIGNATURE OF OWNER

SIGNATURE OF WITNESS