



**COUNTY OF NORTHERN LIGHTS  
APPLICATION FOR UTILITIES SERVICE FORM  
DIXONVILLE HAMLET  
REFERENCE TO BYLAW #16-40-354 "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

**GENERAL INFORMATION**

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 31 days.

\* Accounts past 90 days in arrears, will be notified. Failure to pay will result in disconnection of service. A non-refundable re-connection fee of \$120.00 will be applied. The outstanding balance on account must be paid in full prior to continuing service with the County. Outstanding balances if not collected, will be applied to the landowners tax account, and a non-refundable administration fee of \$120.00 will apply.

**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.  
(Full Name)

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**SIGNATURE OF WITNESS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF OWNER**

\_\_\_\_\_  
**SIGNATURE OF WITNESS**

\_\_\_\_\_  
**DATE**