

TOWN OF INUVIK APPLICATION FOR WATER & SEWER SERVICES

Application Date: _____

SERVICE POINT IDENT	FIFICATION and CLA	SSIFICATION: TYPE OF	SERVICE (che	ck only one	<u>e)</u>	
NON-GOVERNMENT	_RESIDENTIAL _SECURITY DEPOSIT: Residential - \$150.00					
GOVERNMENT	_ COMMERCIAL _ RESIDENTIAL	—	1: Commercial -	\$200.00		
GOVERNMENT						
APPLICATION TO DISC	CONNECT:					
Street Address:			Custo	omer #:		
Applicant's Name:						
-						
Termination Date:		Customer Signature:				,
Meter Deposit: _ apply t	to final bill _ trar	nsfer to account #:	ma	ail out chec	que	
Physical Disconnect of M	Meter: _ yes _ no	Removal of M	leter: _ yes	_ no		
APPLICATION TO CON	INECT: Minimum mo	onthly charge applies				
Street Address:			Custo	omer #:		
Applicant's Name:						
Mailing Address:				Postal	Code:	
Meter /Deposit: _ yes	_ waived	_ transferred from acc	;ount #:		Dog: _ yes	_ no
Telephone: Home -	- ()		Work – <u>(</u>)		
Place of Employment: _						
IF RENTAL UNIT OWN	ER'S AGREEMENT T	O GUARANTEE PAYME	NT FOR SERVI	ICE IS REG	QUIRED:	
Property Owner:						
Telephone: Home -	- ()		Work – <u>(</u>)		
Mailing Address:				Postal	Code:	
Owner's Signature:						
enables Municipal corporation necessary to remedy a contra the contravention, if the perso "The expenses and costs of a the person who contravened	ns to collect outstanding Util avention of a bylaw or an en- in to whom the order is direct an action or measure taken I the bylaw, enactment or erty of which the person is	ay be transferred to your Tax lity Bills. As per Section 147 (1 nactment that the municipal cor cted has not complied with the by a municipal corporation un- court order, and may be reco <u>s the assessed owner</u> in the)(c): "A municipal co poration is authorize order within the time der section 147 are vered from the per	orporation ma ed to enforce e specified in a debt owing rson in defau	ay take any actions e, or to prevent a rec the order," and Sec g to the municipal co ult by civil action fo	or measures occurrence of tion 149 (1) : orporation by r debt, or <u>by</u>
times and rates prescribasis; failure to receive Inuvik immediately of a	bed by the Town of li e a billing shall in no ny changes to my sta	to the premises describe nuvik. Water and sewer way affect the liability tus or address and I will	billings will be to pay the acco be liable for all	e calculate ount. I ag charges u	d/estimated on ree to notify th intil such notice	a monthly e Town of is given.
Applicant's Signature:		S	ervice Date Re	quested: _		
FOR OFFICE USE ONLY						

Meter ID#		MXU ID#	Meter Size:	
Route:	Stop:	GPS read:	(Latitude)	(Longitude)
Lot:	_Blk:	Plan:	Roll#:	
Old Reading:		Date:	New Reading:	Date: