



TOWN OF STEWIACKE  
295 GEORGE STREET P.O. BOX 8  
STEWIACKE, NS B0N 2J0

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**TOWN OF STEWIACKE WATER UTILITY – SERVICE CONTRACT**

Property Location (Civic Address): \_\_\_\_\_

Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Forwarding Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

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*I, by way of my signature below, acknowledge that I am requesting municipal services be discontinued effective as of \_\_\_\_\_ as per the terms set out in the Towns “Policy Respecting Water Billing Procedures”. I also request reimbursement of the refundable Collateral Security Deposit, if applicable.*

Date: \_\_\_\_\_

X

\_\_\_\_\_  
Signature of Owner

**FOR OFFICE USE ONLY**

Date of Connection: \_\_\_\_\_

Current Meter Reading: \_\_\_\_\_ Previous Meter Reading: \_\_\_\_\_

Meter Size: \_\_\_\_\_ AAN#: \_\_\_\_\_

Account Paid in Full: \_\_\_\_\_ Receivable Clerk \_\_\_\_\_

Cheque # \_\_\_\_\_

Amount \_\_\_\_\_

X

\_\_\_\_\_  
Signature of Town Official

Half Way Between the Equator & The North Pole