

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

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TOWN OF STEWIACKE WATER UTILITY – SERVICE CONTRACT Property Location (Civic Address): Phone: ______ Work Phone: _____ Cell :_____ Mailing Address: Please complete the following section if you have a tenant and would like the tenant to receive a copy of the bill as well Phone: _______ Work Phone: ______ Cell: ______ Mailing Address:____ The Town reserves the right to refuse or suspend service if a customer fails to follow established "Rules and Regulations Governing the Supply of Water and Water Services". Section 3 of the above mentioned rules and regulations requires an applicant to pay a refundable collateral Security Deposit of a sum equal to the estimated charges for six months of service (\$231.42). I, by way of my signature below, agree and understand that if I fail to comply with any conditions set out in the "Rules and Regulations Governing the Supply of Water and Water Services", my services may be suspended. Signature of Owner Signature of Town Official FOR OFFICE USE ONLY Date of Connection: Current Meter Reading: ______ Previous Meter Reading: _____

Meter Size: ______ AAN#: