



5217 – 52nd Street, Wabamun, Alberta
Box 240, Wabamun, Alberta, T0E 2K0
Phone: 780 892 2699
Email: admin@wabamun.ca

REQUEST CONNECT / DISCONNECT OF WATER SERVICES
(TO BE FILLED BY THE REGISTERED PROPERTY OWNER)

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

BILLING ADDRESS: _____

CONTACT NUMBER: _____

DATE OF CONNECT / DISCONNECT REQUESTED: _____

PREVIOUS ACCOUNT # AND LOCATION: _____

2nd STATEMENT REQUESTED:

OCCUPANT'S NAME: _____

BILLING ADDRESS: _____

STATEMENT:

1. All utility accounts shall be in the name of the property owner as registered on the land title and the utility statement will be billed to the property owner and is the responsibility of the property owner.
2. A second bill may be sent to the occupant of this property upon request and without a fee charged; however, any arrangements made between the property owner and the occupant of this property regarding payment or otherwise is not of concern to the Village.
3. Any outstanding arrears may be transferred to the tax roll of the property owner.
4. A copy of the Utility Bylaw 04-2012 is available upon request and it is understood that by signing this application form that the property owner has been given opportunity to read this bylaw and understands and agrees to comply with the regulations as set out therein.
5. A copy of the Utility Policy and Utility Fees has been provided with this application and it is agreed that by signing this application form that the property owner has read and agrees to comply with the regulations as set out therein. The connection fee and all other applicable fees shall be paid before this request is processed.
6. Please allow 48 hours to process your request which will be completed Monday through Friday during regular business hours only.
7. Verification of Property Ownership and Identification may be required.

Signature of Property Owner

REQUESTING A TEMPORARY SHUT OFF FOR THE PURPOSE OF CONSTRUCTION

Authorization from Property Owner

-----**FOR OFFICE USE ONLY**-----

NEW METER FEE: _____

DATE STAMP: _____

CONNECTION FEE: _____

RECEIPT NUMBER: _____

ACCOUNT NUMBER: _____

NOTES: (INCLUDING THE NOTATION OF ALL COPIED DOCUMENTS SUBMITTED WITH APPLICATION)