

THE CORPORATION OF THE TOWNSHIP OF HAMILTON



TENANT WATER SERVICE CONNECTION REQUEST

Service Address:

Connection Date (MM/DD/YY)

Tenant Information (please print):

Last Name First Name

Last Name First Name

Mailing Address
(include P.O. Box number if applicable)

Email Address

Telephone Cell Phone

Previous Address

Place of Employment

Premises Owned by: Phone Number:

I/We the tenant hereby make application to the Township of Hamilton for water services. Service is to be supplied at the address and on the premises described above and will start on the date indicated on this application.

I/We the tenant agree to pay for such services as bills are rendered and to utilize the service in accordance with the Rates, Rules and Regulations in effect by the Township of Hamilton. I/We understand that arrears are my/our responsibility.

The Township of Hamilton will make every effort to ensure bills are accurate; however billing errors can occur. The Township of Hamilton reserves the right to collect under billed amounts at any time in accordance with the relevant by-law.

Authorized Signature _____ Date _____