

THE CORPORATION OF THE TOWNSHIP OF HAMILTON



WATER SERVICE CANCELLATION REQUEST

Service Address :

Closing Date (MM/DD/YY) Utility Account Number

Customer Information (please print):

Last Name First Name

Last Name First Name

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

Email Address

Telephone Cell Phone

I/We the customer hereby make application to the Township of Hamilton for a final water reading on the date requested above.

I/We the customer agree to pay the final bill when rendered and I/We understand that the final water bill is my/our responsibility as owner(s) of the property.

Authorized Signature _____ Date _____