



TOWN OF WADENA

Utility Service Application Form

NAME: _____

MAILING ADDRESS: _____

SERVICE ADDRESS: _____

CONTACT # RES: _____ CELL: _____

WORK AT: _____ PHONE #: _____

I HEREBY REQUEST the Town of Wadena to commence WATER, SEWER, GARBAGE and RECYCLING services at the above address. I will tender a \$200.00 Meter Deposit, and I understand that I am responsible for all amounts outstanding on the above account from the date service commences to the time I request the termination of service.

I AGREE to have any unpaid balance from this utility account transferred to any other water and sewer account that may be in my name or to my property tax account in pursuant to Section 369 of *The Municipalities Act*.

Also, I GIVE PERMISSION to the Town of Wadena to provide a copy of my utility billing account to my Landlord, _____ upon request of my Landlord, or upon each billing.

By signing this form, I HEREBY ATTEST that I will abide to Bylaw, Rules and Regulations that are now or hereafter may be in force, respecting utility service.

Date

Signature over Printed Name

.....
For Office Use Only:

Account No.: _____ Commence Service: _____

Meter Deposit General Receipt #: _____ Tax Roll #: _____

Received Date: _____ Processed By: _____

Work Order Dispatched to: _____ Meter Reading: _____

Notes: _____