

VILLAGE OF PERDUE
APPLICATION FOR WATER DISCONNECTION

Date:	
Name of Applicant:	
Civic Address:	
Forwarding Address:	Box # _____ Community _____ Postal Code _____ Res. Phone: _____ Cell Phone: _____
Email:	
Disconnection required date:	

I, _____, request disconnection at the above premise and date,
 I agree to pay final billing on my account by _____. I agree
 to have my water meter deposit applied against my water and sewer account.

Dated this _____ day of _____, 20____. Time _____AM/PM

X _____
 Signature of Applicant

X _____
 Witness

OFFICE USE ONLY:

Billing Order	
Water Meter Deposit	
Ending Reading	
Previous Reading	
Consumption	

Village of Perdue Box 190 Perdue, SK S0K 3C0
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