

APPENDIX II
TO BYLAW 04/15

TOWN OF BIRCH HILLS

APPLICATION FOR WATER AND SEWER UTILITY SERVICES

CUSTOMER NAME (1): _____
SPOUSE: _____
PHONE #: _____ WORK #: _____ CELL #: _____
CIVIC ADDRESS: _____
MAILING ADDRESS: _____

NAME OF OWNER: _____
NAME OF RENTER: _____
SIGNATURE: _____ DATE: _____
DATE OF SERVICE: _____

*(Deposit will be held in Trust for the above named)

WATER METER SECURITY DEPOSIT

DEPOSIT PAID: Y / N
AMOUNT PAID: \$ _____ RECEIPT # _____
DATE PAID: _____ TO BE PAID BY: _____

DISCONTINUE SERVICES

CUSTOMER NAME: _____
FORWARDING ADDRESS: _____

AMOUNT OF REFUND: \$ _____
TRANSFER FROM ACCT # _____ TO ACCT # _____
MOVE OUT DATE: _____