

APPLICATION FOR UTILITY & RECYCLING SERVICES

NAME(S): _____

CIVIC ADDRESS: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

EMAIL: _____

☐ Please check if you would prefer to have bills and notices EMAILED.

I am a tenant: ☐

I am the owner: ☐

- I/WE HEREBY ACKNOWLEDGE THAT A SECURITY DEPOSIT IS REQUIRED PRIOR TO SERVICE COMMENCING AT THE ABOVE ADDRESS AND THAT THE TOWN OF CORONACH MAY APPLY THAT DEPOSIT TO ANY BALANCE IF IN THE OPINION OF THE TOWN OF CORONACH IT IS ACCEPTABLE.
- ACCOUNT BALANCES ARE ULTIMATLEY THE RESPONSIBILITY OF THE REGISTERED OWNER(S). IN THE CASE WHERE THE APPLICANT IS NOT THE REGISTERED OWNER(S) OF THE CIVIC ADDRESS ABOVE, I/WE ACKNOWLEDGE THE TOWN OF CORONACH MAY PROVIDE COPIES OF UTILITY NOTICES THAT ARE PAST DUE TO THE REGISTERED OWNER(S) OF THE CIVIC ADDRESS ABOVE.

Signature(s): _____ Dated: _____

In accordance with Section 24 of *The Local Authority Freedom of Information and Protection of Privacy Act*, the personal information collected on this form will be used for administrative purposes related to the Town's activities.

OFFICE USE

CONNECTION DATE: _____

TIME: _____ AM/PM

SECURITY DEPOSIT: \$ _____

SERVICE CHARGE: \$ _____

TOTAL: \$ _____

RECEIPT #: _____

WORK ORDER #: _____