

THE CORPORATION OF THE TOWN OF LAKESHORE
419 NOTRE DAME STREET
BELLE RIVER, ONTARIO, N0R 1A0
519-728-2700; 1-877-249-3367; FAX: (519) 728-9530

SERVICE ADDRESS: _____

PHONE NUMBER: _____

UTILITY ACCOUNT NUMBER: _____

I, _____, being the registered owner of the above property, hereby authorize the Corporation of the Town of Lakeshore to:

SHUT THE WATER **OFF** AT THE ABOVE ADDRESS

TURN THE WATER **ON** AT THE ABOVE ADDRESS

I understand that the Town of Lakeshore is **not responsible** for any damage to the plumbing as a result of the water being shut off or turned on.

I also understand that a fee of **\$28.00** will be charged for shutting water off and **\$28.00** to turn it back on. I understand that I will continue to receive a basic charge for water and for sewage if applicable.

I ALSO CONFIRM THAT THERE ARE NO TENANTS AT THIS ADDRESS.

(signature of owner)

(date)

for office use only

Scheduled date for work to be done:

Date _____ Time _____

WATER SHUT OFF DATE _____ METER READING _____

WATER TURN ON DATE _____

(work completed by)

(date)