

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

REQUEST FOR WATER ABANDONMENT DISCONNECTION

SERVICE ADDRESS:

_____ Street Number Street Name

UTILITY ACCOUNT NUMBER: _____

I, _____, being the registered owner of the above property, hereby authorize the Corporation of the Town of Lakeshore to disconnect the waterline by removing the service box and rod at the property line. Should a water service be required in the future, the applicable water installation fee will be charged.

This request will not be implemented until a **Disconnection Fee of \$307.36** (\$272.00 + HST \$35.36) is paid to the Town of Lakeshore.

The water billing will cease 14 days after the fee is paid.

(SIGNATURE OF OWNER)

DATE: _____

MAILING ADDRESS:

TELEPHONE: _____
(HOME)

(WORK)