



Town of Stewiacke
295 George Street, P.O. Box 8
Stewiacke NS B0N 2J0
Phone: 902-639-2231
Email: town@stewiacke.net

TOWN OF STEWIACKE WATER UTILITY – DISCONTINUATION

Walk-In E-Mail Phone

Owner (s): _____

Property Location: _____

Phone: _____ Cell: _____ Email: _____

Cancellation of Pre Authorized Debit Payment: *Please check and fill in the applicable box(es) below*

- 1st of each month \$ _____ Beginning the 1st of _____ (month/year)
- 15th of each month \$ _____ Beginning the 15th of _____ (month/year)
- 1st & 15th of each month \$ _____ Beginning the 1st / 15th of _____ (month/year)
- Tax Bill Total Amount Due on Invoice Due Date Beginning _____ (month/year)
- Water /Waste Total Amount Due on Invoice Due Date Beginning _____ (month/year)

Forwarding Mailing Address:

I, by way of my signature below, acknowledge that I am requesting Municipal Services be Discontinued, effective as of _____ as per the terms set out in the Towns, "Policy Respecting Water Billing Procedures"

***** I, by way of my signature below, acknowledge that there will be a Final Meter Read done on the effective date / closing date above, and a Final Water Utility Bill will be issued after this date, which I am responsible for paying upon receipt *****

Date: _____

X

Signature of Owner

****FOR OFFICE USE ONLY ****

Date of Disconnection: _____ Current Meter Reading: _____

Customer #: _____ Utility #: _____ AAN #: _____

Entered in Calendar for Meter Reading Notification - Date Entered: _____

Title Change Completed Final Bill Completed and Mailed/or Emailed to Customer

Staff Signature: _____

Half Way Between the Equator & The North Pole