



Residential Application for Water Service

Occupant 1 (This name will appear on the bill) PLEASE PRINT

Full Name: _____ Birth Date (M/D/Y) ____ / ____ / ____

*ID Photo _____ Bus. Phone: _____ Res. Phone: _____

Email Address: _____

Employer Name & Address: _____

*ID must be a Driver's License, Passport, Age of Majority Card, University or College Student Card, Photo Health Card (black out id # on photocopy)

Occupant 2 PLEASE PRINT

Full Name: _____ Birth Date (M/D/Y) ____ / ____ / ____

*ID Photo _____ Bus. Phone: _____ Res. Phone: _____

Email Address: _____

Employer Name & Address: _____

Service Address: _____

Date Service Commences (M/D/Y) ____ / ____ / ____ Date must be received in our office not later than two (2) business days prior to the date the final reading is required.

Mailing Address (if different from Service Address): _____

Will you be renting or purchasing the service address? _____ Renting _____ Purchasing

If renting, owner or landlord's name and phone number: _____

Do you require a Final Reading at a previous address in Southwest Middlesex? ____ yes ____ no Date (M/D/Y) ____ / ____ / ____

I, the undersigned

- Certify all the information above to be true and complete
- Authorize and consent to the receipt and provision of account and information from credit grantors, credit bureaus and suppliers of services
- Authorize and consent for a third party to submit information to Southwest Middlesex for the sole purpose of commencing service
- Authorize Southwest Middlesex to use my personal information as required for the provision of water as described in the Southwest Middlesex Privacy Policy, which is available on request
- Authorize Southwest Middlesex to release account information to Landlord/Property Owner as required

Signature Occupant 1: _____ Date: _____

Signature Occupant 2: _____ Date: _____

MUNICIPALITY OF SOUTHWEST MIDDLESEX
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