

**CUSTOMER SERVICE ORDER
FOR MUNICIPAL SERVICES**



CUSTOMER NAME _____

CORPORATE NAME _____

MAILING ADDRESS

EMAIL ADDRESS

DATE REQUIRED _____

SERVICE ADDRESS _____

LTO _____ **LOT** _____

I CERTIFY THAT I HAVE REVIEWED THE APPROPRIATE SCHEDULES AND BYLAWS AND AGREE TO THE TERMS AND CONDITIONS THEREIN. I UNDERSTAND THAT RATES AND CONDITIONS ARE SUBJECT TO CHANGE.

SERVICE WILL NOT BE PROVIDED UNTIL SERVICES POINTS HAVE BEEN INSPECTED AND MEET THE STANDARDS REQUIRED.

I AGREE TO NOTIFY THE HAMLET OF ANY CHANGES AND THAT I WILL BE RESPONSIBLE FOR ALL CHARGES UNTIL SUCH NOTICE IS GIVEN TO THE HAMLET DURING NORMAL WORKING HOURS.

TERMS OF ACCOUNT PAYMENTS ARE NET UPON RECEIPT. SERVICES WILL BE DISCONTINUED FOR THE NON PAYMENT OF ACCOUNTS AND THERE WILL BE A RECONNECTION FEE.

CUSTOMER SIGNATURE

HAMLET SIGNATURE

RECEIPT

TO APPLY FOR MUNICIPAL SERVICES complete this form:

CUSTOMER NAME - private individual complete with legal name - both names if joint account

CORPORATE NAME - full corporate name including corporation status - government include department name

EMAIL - provide an email address for electronic billings

MAILING ADDRESS full mailing address including Box Number, Civic Street Address - Hamlet/Town/City - Province - Postal Code

SERVICE ADDRESS - Lot and LTO Number

DATE SERVICE REQUIRED - Date you require first delivery

CUSTOMER SIGNATURE - sign and if Corporation/Government include your title

Email completed form to hfa@fortliard.com Call the Municipal Office to pay security deposit - a receipt will be mailed/mailed.