

**CORPORATION OF THE TOWN OF HAY RIVER  
APPLICATION**

**TRUCKED WATER DISCONNECTION**

UTILITY ACCOUNT NO.: \_\_\_\_\_

NAME: \_\_\_\_\_

DISCONNECTION DATE: \_\_\_\_\_

CIVIC (Service) ADDRESS: \_\_\_\_\_

FORWARDING ADDRESS: \_\_\_\_\_

PHONE NUMBER: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CANCEL PAP? N [ ] Y [ ] Payment Date: \_\_\_\_\_  
DISCONNECT FEE: \$15.75 will be included on final bill.

RENTED PROPERTY? N [ ] Y [ ] OWNER NAME: \_\_\_\_\_  
OWNED PROPERTY? N [ ] Y [ ] SALE DATE: \_\_\_\_\_  
NEW OWNER'S NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_