



Water Turn-Off and Turn-On Request Form

Applicant Information

Request Date (mm/dd/yyyy):

Name of Applicant:

Service Address:

Phone Number:

Account Number

Request Information

Water turn-off

Water turn-on

Requested date (mm/dd/yyyy):

Requested time:

Reason:

Turn-Off and Turn-On Agreement

I/we hereby apply to the Town of Parry Sound to have the municipal water service at the service address noted above turned-off/turned-on, as indicated. I/we agree to pay the service fees as indicated in Schedule 2 of By-law 2015-6551.

I/we hereby consent to the above noted items.

Signature:

Date:

For Office Use Only

Town Representative:

Fee: \$

Copies provided to: Applicant Water Treatment Plant Finance Department

Confirmed Date (mm/dd/yyyy):

Confirmed Time: