



CUSTOMER SERVICE ORDER FOR MUNICIPAL SERVICES

CUSTOMER NAME _____

CORPORATE NAME _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

SERVICE ADDRESS

LTO

LOT

DATE REQUIRED

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

AN ACCOUNT DEPOSIT HAS BEEN RECEIVED. THIS DEPOSIT WILL BE HELD UNTIL SERVICE IS DISCONTINUED AND THE ACCOUNT IS PAID IN FULL. ONCE THE ACCOUNT IS PAID IN FULL THE DEPOSIT WILL BE RETURNED PLUS INTEREST AT THE APPROVED RATE.

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 including department name

EMAIL – provide an email for electronic billing

MAILING ADDRESS – Lot and LTO Number

DATE SERVICES REQUIRED – date you require first delivery

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

- Email complete form to hamlet@fortliard.com. Call the Municipal Office to pay Security Deposit and a receipt will be mailed/ emailed.