



INTERLAKE WATER UTILITY

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FORM #1 - UTILITY SERVICE APPLICATION

NAME: _____ DATE: _____

MAILING ADDRESS: _____

TOWN: _____ PROV _____ P/CODE: _____

HOME PHONE #: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

SERVICE ADDRESS: _____

YEAR ROUND: _____ SEASONAL: _____

CONNECT: _____ (date) DISCONNECT: _____ (date)

New Subscriber Fee \$ _____ Receipt # _____ Date _____

Meter Fee/Refund Deposit \$ _____ n/a _____ Receipt # _____ Date: _____

Connection Fee \$ _____ Receipt # _____ Date _____

Administration Fee \$ _____ Receipt # _____ Other Fee \$ _____

I hereby make application for (**PLEASE CIRCLE ONE**) *connection/termination/meter deposit refund* of services at the above service address and agree to comply with all bylaws, Policies and Regulations governing the Interlake Regional Water Utility as may now or hereafter be in force (for current charges refer to "Tariffs & Rates Policy" (available at the office).

DATE: _____ SIGNATURE: _____

(OFFICE USE ONLY)

Account # _____ Owner # _____

Meter ID # _____ Current Reading: _____

Date Completed: _____ Signature: _____