VILLAGE OF PORT WILLIAMS
1045 Main St., Box 153, Port Williams, Nova Scotia B0P 1T0
Phone: 542-4411, Fax: 542-4566 / Hours: 9 am - 1 pm Monday to Friday

WATER UTILITY SERVICE APPLICATION AND CONTRACT

APPLICANT:	
PROPERTY OWNER / LANDLORD:	RENTAL: ☐
OCCUPANCY DATE:	
PHONE (H): (C): (W):	
EMAIL ADDRESS:	PAPERLESS BILLING: ☐
SERVICE LOCATION:	
MAILING ADDRESS (if different from above):	PO BOX: ☐

***All Fields are mandatory**

I (we) hereby make application for the supply of water to the above service location. I (we) agree to pay a $50.00 connection fee, as per Schedule A, to create a water account with the Village of Port Williams. I (we) understand the rates in the schedule of rates and agree to abide by and conform to the regulations as may from time to time be approved by the Nova Scotia Utilities & Review Board respecting the supply of water.

I (we) agree to hold the Port Williams Village Service Commission Water Utility free from all liability should failure in supply of such service occur at any time. The Commission shall not be deemed to guarantee an uninterrupted supply or a sufficient or uniform pressure and shall not be liable for any damage or injury caused or done by reason of the interruption of supply, variation of pressure, or on account of the turning off or turning on of the water for any purpose.

Per Schedule C of the Village's Rates & Regulations, payment is to be made within 30 days from the date rendered, as shown on the bill. The Commission shall have the right to discontinue service when an account becomes 40 days in arrears, there will be a $50.00 disconnection fee and, if applicable, a $50.00 connection fee.

Payments may be made at the Village Office (cash or cheque only); or by putting payment in the Drop Box at the Community Centre; or web banking (contact the Village Office for account number); or by mail. When mailing, please allow sufficient time for your payment to reach us by the due date to avoid interest charges.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

For Office Use Only

Meter Id#: _____ Initial Reading: _____

New Cust. Id#: _____ Old Cust. Id#: _____