



# The Corporation of the Town of New Tecumseth

## WATER / SEWER TENANT DEPOSIT FORM

SERVICE ADDRESS:	DATE OF OCCUPANCY:
ACCOUNT #:	DATE OF BIRTH:
OWNER'S NAME:	EMPLOYER:
DEPOSIT REQUIRED: <b>\$150.00</b>	BUSINESS TELEPHONE #:
DATE DEPOSIT RECEIVED:	DRIVERS LICENCE #:
NAME:	PREVIOUS ADDRESS:
MAILING ADDRESS:	
	CO-OCCUPANT'S NAME:
TELEPHONE #:	CO-OCCUPANT'S EMPLOYER:
I, THE TENANT, AGREE TO PAY THE SECURITY DEPOSIT REQUIRED AND WISH TO HAVE THIS ACCOUNT TRANSFERRED TO MY NAME. I UNDERSTAND THAT IN THE EVENT OF NON-PAYMENT OF MY ACCOUNT, SERVICE MAY BE TERMINATED AND NOT RESTORED UNTIL PAYMENT IS MADE IN FULL INCLUDING A CHARGE FOR COLLECTIONS AND RE-CONNECTION. I WILL ALSO INFORM THE TOWN OF NEW TECUMSETH WHEN I PLAN TO VACATE THE ABOVE PREMISES.	
TENANT'S SIGNATURE:	CO-OCCUPANT'S SIGNATURE:
DATE:	DATE:
PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF BY-LAW #91-187, FOR THE PURPOSE OF ACQUIRING WATER/SEWER SERVICE. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO:  SUPERVISOR OF REVENUE SERVICES P.O. BOX 910, 10 WELLINGTON ST. E. ALLISTON, ONTARIO L9R 1A1 (705)435-6219 or (905)729-6219	