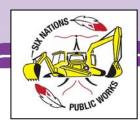
Once having completed this form please send to: PublicWorksAdmin@sixnations.ca





SIX NATIONS PUBLIC WORKS WATER/SEWER HOOKUP APPLICATION

NOTE TO APPLICANT: This form must be completed by the tenant and returned to the Six Nations Public Works Office located on 4th Line or mailed to: Six Nations Public Works, P.O. Box 131, OHSWEKEN, Ontario, NOA 1M0

FAILURE TO RETURN THIS FORM <u>OR</u> SECURITY DEPOSIT WILL RESULT IN WATER/SEWER SERVICES NOT BEING CONNECTED.

Please fill in the follow	ring information:		
Date Service Require	ed:		
Please Indicate:	□ Business □ R	esidential Homeowner (pr Renter	oof required)
Name of Applicant(s):			
10-Digit Band # (verific	cation required):		_
Address where service	is required: House/Blue Flag #	#: Road/Street	:
City:	Province:	·	Postal Code:
Mailing Address (if diff	erent than above):		
Telephone:	Cell #:	Email:	
Address if previous wa	iter customer:		
Landlord Name:	La	andlord Phone #:	
Signature:	Signature: Date:		
Note: It is the applicant's re	sponsibility to inform the Pub	lic Works office of any	personal information changes
FOR OFFICE USE ONLY:	Deposit paid: □ \$150.00 (rento G/L Account Code: <u>WATDEP</u>	al) 🗆 \$50.00 (owner)	Invoice #: Receipt #:
Water Meter No: Connection Date:	Reading at: Connection:		isconnect Date:inal Reading:
Prior Occupant/Owner Customer ID:	Date Date	Changed WBIP □ Changed ACCPAC □	
New Occupant/Owner Customer ID:		Changed WBIP	Completed By (Initials):
E-\WD6\ADMIN\EODMS\WATED\WATED SEWED HOOVID A	Date Changed	ACCPAC	pletea By (Initials):