

**SCHEDULE "B"**  
**WATER & SEWER UTILITY SERVICES APPLICATION**  
**UTILITY SERVICES APPLICATION**

APPLICANT INFORMATION			
Name:		Date of birth:	
Home Phone:	Cell Phone:	Additional:	
Email:			
Mailing address: Please notify us of any address changes.			
City:		Prov:	Postal Code:
Employer name:		Employer phone number:	
CO-APPLICANT INFORMATION (Note: the account deposit will be held in both names. Signature required below for both applicants)			
Name:		Date of birth:	
Home Phone:	Cell Phone:	Additional:	
Email:			
Mailing address:			
City:		Prov:	Postal Code:
Employer name:		Employer phone number:	
EMERGENCY CONTACT			
Name of relative not residing with you:		Relationship:	
Home Phone:	Cell Phone:	Additional:	
Address:		Phone:	
City:		Prov:	Postal Code:
SERVICE INFORMATION			
Start Date for Service:			
Service Address:			
Billing Address (if different than above):			
Own or Rent:			
If renting, provide Landlord's Name and Phone Number: (Landlord will be contacted to confirm Rental Agreement)			
Have you had a previous water service in the City of Melville? Y N			
If yes, previous address or account number: (If applicable, previous unpaid utility charges must be paid prior to new service connections or may be transferred to the new account)			
SIGNATURES			
<i>In signing this agreement, I authorize the City of Melville to forward a copy of my utility bills to the registered owner of the property.</i>			
<i>In signing this agreement, I am aware that water services will be automatically disconnected in occurrence of consistent arrears.</i>			
Signature of applicant:		Date:	
Signature of co-applicant:		Date:	
FOR OFFICE USE ONLY			
Connection fee: \$50 Meter Deposit: 5/8" = \$215, 3/4" = \$240, Other =\$		Receipt #:	
I have reviewed and verified that the applicant's identification matches the information provided on this form.			
Name: Signature:		Date:	

---

Service Address:			
Service will be connected on:	Date:	Time:	Presence: required not required
Utility Account Number:			
Please use the above account number when making telephone or online banking payments. If you are transferring your service to another address, please be sure to update your banking information to reflect the new account number above.			

Solid Waste & Recycling carts		
Solid Waste	1 <sup>st</sup> Cart is automatic	2 <sup>nd</sup> Cart required @ \$19.43 per cart /month Yes / No
Recycling	1 <sup>st</sup> Cart is automatic	2 <sup>nd</sup> Cart required @ \$12.10 per cart/month Yes / No

## APPLICATION FOR WATER AND SEWER UTILITY SERVICES

To establish yourself as a new account holder, we require the following information:

- Your name and if applicable co-applicant's name along with birthdate, address, and phone numbers for each applicant
- 2 pieces of ID for each applicant (Saskatchewan Driver's License, Saskatchewan Health Card Number, or Other valid government issued ID)
- Service address for the connection
- Date of connection (usually date of possession or start date of lease agreement)
- Mailing address (if different than the service address)
- Employment information
- Emergency contact person for the account
- Water Meter deposit and connection fee

*The information collected on the Water and Sewer Utility Services Application will be used by the City of Melville to provide municipal services. Under the Saskatchewan Local Authority Freedom of Information and Protection of Privacy Act, the City of Melville has the authority to collect and use your personal information to provide these services. The City of Melville shall not use the personal information under its control without the consent, given in the prescribed manner, of the individual to whom the information relates, except for the purpose for which the information was obtained or compiled – in the case of this form to provide municipal services.*

*By signing below, the resident understands that their personal information is being collected and used to provide for municipal services. Should you have any questions regarding the collection and use of your private information please contact the City of Melville at (306) 728-6840.*

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are moving out and need to close an account, we require the following information:

- Name of the person(s) listed on the account
- Service address
- Mailing address for the final bill
- The date you want the service to end
- Please contact our office at least 24 hours prior to the disconnection date at (306) 728-6840