



Application – Water, Sewer, Garbage, 911 Services

Please return by Fax:(780)888-2200, Email: Sandy@hardisty.ca, or Mail: PO Box 10, Hardisty, AB, T0B 1V0

Applicant Information

Account Holder Name:

_____ Date: _____

Last First

Company Name (If applicable)

Billing Address:

Street Address/Postal Box Number

City

Province

Postal Code

Property Address:

Street Address

Home Phone: ()

Bus Phone: ()

Cell Phone: ()

Fax: ()

E-Mail Address: _____

Services Required

Water: Yes No

Sewer: Yes No

Garbage: Yes No

911: MANDATORY

Service Start Date: _____ Service End Date: _____

Comments: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____

Office Use Only

Role Number: _____ Account Number: _____

Meter Reading: _____ Date: _____

- New Customer (Check Central Name)
- Yes – Go to Central Name & add information
- No –Proceed to Utility System / Utility Master

- Reminders:
- When setting up duplicate accts – was original set to Final? Y N
 - Did you override service dates? Y N
 - Have you notified Public Works of meter reading required & added to list? Y N

- Utility System / Utility Master
- Yes – Proceed to new Utility Account Opening
- No –Proceed to Duplicate Utility Set-up