

Request for Service

Form A

Applicant Information

Application Date: _____ Requested Date: _____

Owner Name: _____
Last *First*

Contact Name: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Mailing Address: _____

The Customer as evidence by his/her signature, hereby contracts with the Town of Langenburg for the utilities applied for, hereinafter referred to as the "service." The Customer shall pay the Town of Langenburg all amounts stated on the utility billing for in consideration of the services provided by the Town of Langenburg, until such time as customer requests services be disconnected. I hereby agree to abide by all Utilities Bylaw and Regulation now and hereafter in force.

Please submit completed form to:
Box 400
Langenburg SK S0A 2A0
Fax (306)743-2723 or Email: langenburgt@sasktel.net

Signature

Date