

Request to Discontinue/Suspend Service

Form B

Applicant Information

Application Date: _____ Requested Date: _____

Disconnect Temporary Suspension of Service - Service Reconnect 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 applies to the Town of Langenburg for the utilities to be disconnected or temporarily suspended. The Customer shall pay the Town of Langenburg any outstanding utilities amount for the services provided by the Town of Langenburg, until such time as customer requested disconnect. I hereby agree to abide by all Utilities Bylaw and Regulation now and hereafter in force. Temporary Suspension fees of \$100.00 as per section 4 Bylaw 006-2015 will be charged to your account prior to your reconnect date.

Please submit completed form:

**Town of Langenburg
Box 400
Langenburg SK S0A 2A0**

Signature

Date