



EAST HANTS

WATER UTILITY CONNECTION APPLICATION FORM

Address: Box 230, Suite 170, 15 Commerce Court, Elmsdale, NS, B2S 3K5 Phone: (902) 883-2299 Toll Free: 1-866-758-2299

Email completed form to: waterbilling@easthants.ca

easthants.ca

Date Requested for:		
Property Owner First Name/Business Name (if applicable)	Middle Name	Last Name
Telephone Number		
Email	Cell Number	
Additional Owner First Name	Middle Name	Last Name
Email	Cell Number	
Civic Number / Street Name	Lot #	
Mailing Address		
Number of Persons Occupying House (including children):	Is this a rental property? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever had a water account with us before: <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please advise address of previous water account:	
Requested By	Date	
Contact Name in case of Emergency; someone other than occupant(s):	Relationship:	Contact Number:
Please Note Administration Fees (These will appear as a balance forward on your first bill): The Utility will charge a \$25.00 fee for the creation of a water account, notwithstanding the fact that no physical disconnection of the system may have occurred. The Utility will charge a \$40.00 fee for the installation of a water meter or the inspection thereof during normal working hours. The fee shall be \$200.00 when a meter is installed, or inspection performed, AFTER normal working hours of the utility. Please Note: Installation of water meters occur weekly on Fridays. Missed Appointment Fee: When an appointment has been made by a customer to have water service connected, a meter installed, or another visit to the property for the inception or maintenance of water service and the customer fails to keep the appointment or the plumbing is not completed to allow for installation of a water meter, requiring staff to return to the property, there may be a charge of \$40.00 for each visit missed.		

WATER DEPARTMENT USE ONLY

Date Meter Installed: _____	Contract Acct: _____
Meter Size: <input type="checkbox"/> 5/8" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> 3" <input type="checkbox"/> 4"	Conn Obj: _____
Installation: _____	Premise: _____
Old Reading: _____	New: _____
Device Number: _____	ID Number: _____
Device Location: _____	Installation Fee: _____
Admin Fee Add: _____	

☐ NEW SERVICE

☐ NAME CHANGE