

THE DEADLINE FOR SUBMITTING AN APPLICATION IS FEBRUARY 28TH OF THE YEAR FOLLOWING THE UTILITY BILLING YEAR

WATER ACKNOWLEDGEMENT

RE: APARTMENT BUILDINGS AND DUPLEXES
WATER ACCOUNT - ACKNOWLEDGEMENT AND AGREEMENT

TO: THE CORPORATION OF THE TOWNSHIP OF BLACK RIVER-MATHESON

FROM:

The Corporation of the Township of Black River-Matheson

I/We the undersigned registered owner(s) of the property municipality known as _____, Ontario

I acknowledge the advice provided by the Township that my/our apartment/duplex building is provided water service through a singular water line.

I/We further hereby acknowledge that in the event a unit in my/our apartment building/duplex complex should become vacant, the upon notice to the Township, the Township will adjust the water bill for the building/duplex complex to reflect billing for water supply to only the remaining unit(s) occupied.

I/We further acknowledge that in adjusting the water bill as aforementioned, water service will not be actually shut down in that there is only one water line servicing the building/complex as noted above.

I/We further acknowledge and agree, however, that in the event a Notice of Vacancy is provided to the Township and the water account is adjusted as aforementioned, then should the water be used for any reason whatsoever in the subject unit(s), the Township will consider the use of such water as a conversion/theft of same and all appropriate legal action will be undertaken by the Township both with respect to any criminal action available and to any civil claim for monies owing for the use of the water.

Dated this _____ day of _____, 20 ____ at the Township of Black River-Matheson.

Witness

Signature

Witness

Signature

Corporation of the Township of Black River-Matheson

**WATER SHUT-OFF ACKNOWLEDGMENT
WATER VACANCY FORM**

NAME: _____

ADDRESS: _____

TELEPHONE: _____

I/we the undersigned registered owner(s) of the property municipally known as

am requesting that water be shut off effective/or apartment is vacant effective

Signed: _____

Date: _____