

**Rural Municipality of Brokenhead**

Box 490, 72013 Road 42E

Beausejour, MB R0E 0C0

Ph. 204-268-6700 / Fx. 204-268-1504

Email: [admin@rmofbrokenhead.ca](mailto:admin@rmofbrokenhead.ca)

**WATER & SEWER CONNECTION APPLICATION**

There is a **\$50.00** connection charged to all new customers before utility commences.

Owner Information:

Homeowner's/Tenant's Name(s): \_\_\_\_\_

Legal/Civic Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tax Roll No. \_\_\_\_\_ Start date of service (possession date): \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

*I/We do agree to comply with By-Law No. 2114-12 of the Rural Municipality of Borkenhead and all amendments thereto.*

*I/We further agree to pay all such water & sewer (utility) rates as set out in By-Law No. 2114-12 and all amendments thereto.*

Owner's/Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Water Treatment Plant Operator:

Date of Turn On: \_\_\_\_\_

Meter ID No. \_\_\_\_\_

WTP Operator Signature: \_\_\_\_\_

Office:

Date Returned: \_\_\_\_\_

Customer Account No. \_\_\_\_\_

Completed: YES NO Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Hook Up Paid: \_\_\_\_\_

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Owner's/Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Water Treatment Plant Operator:

Date of Turn On: \_\_\_\_\_

Meter ID No. \_\_\_\_\_

WTP Operator Signature: \_\_\_\_\_

Office:

Date Returned: \_\_\_\_\_

Customer Account No. \_\_\_\_\_

Completed: YES NO Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Hook Up Paid: \_\_\_\_\_

Receipt No. \_\_\_\_\_



**Rural Municipality of Brokenhead**

Box 490, 72013 Road 42E

Beausejour, MB R0E 0C0

Ph. 204-268-6700 / Fx. 204-268-1504

Email: [admin@rmofbrokenhead.ca](mailto:admin@rmofbrokenhead.ca)

**WATER & SEWER CONNECTION APPLICATION**

There is a \$50.00 connection charged to all new customers before utility commences.

Owner Information:

Homeowner's/Tenant's Name(s): \_\_\_\_\_

Legal/Civic Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tax Roll No. \_\_\_\_\_ Start date of service (possession date): \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

*I/We do agree to comply with By-Law No. 2114-12 of the Rural Municipality of Brokenhead and all amendments thereto.*

*I/We further agree to pay all such water & sewer (utility) rates as set out in By-Law No. 2114-12 and all amendments thereto.*

Owner's/Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Water Treatment Plant Operator:

Date of Turn On: \_\_\_\_\_

Meter ID No. \_\_\_\_\_

WTP Operator Signature: \_\_\_\_\_

Office:

Date Returned: \_\_\_\_\_

Customer Account No. \_\_\_\_\_

Completed: YES NO Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Hook Up Paid: \_\_\_\_\_

Receipt No. \_\_\_\_\_

