



TOWN OF MANNING
APPLICATION FOR UTILITY SERVICE

CIVIC ADDRESS OF PROPERTY: _____

PROPERTY OWNER CONTACT INFORMATION

NAME: _____

MAILING ADDRESS

PO BOX: _____ **TOWN/CITY:** _____ **PROVINCE:** _____ **POSTAL CODE:** _____

PHONE # DAY: _____ **PHONE # EVENING:** _____

EMAIL ADDRESS: _____

I hereby apply to the Town of Manning for utility services for the property described above. I agree to the conditions set out in the Utility Services Bylaw 845/17, Schedule of Fees Bylaw, the Manning Utility Policy 2014-01, and amendments thereto.

Signature of Property Owner

For Administration Use Only:

Date Received: _____ Date Required: _____

Account Number: (disconnect) _____ (connect) _____

Signature of Clerk: _____

Meter Readings:

Gas: _____ Water: _____