



SCHEDULE "B"
APPLICATION FOR UTILITY SERVICE

THIS AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_.

BETWEEN:

SMOKY LAKE COUNTY
Box 310, Smoky Lake, Alberta T0A 3C0
Telephone: 780-656-3730 Fax: 780-656-3768
a Municipal Corporation in the Province of Alberta
(hereinafter referred to as "the County")

OF THE FIRST PART

AND

of \_\_\_\_\_
Telephone: Res: \_\_\_\_\_ Business: \_\_\_\_\_ Cellular: \_\_\_\_\_
(hereinafter referred to as "the Property Owner" as shown on the tax roll)

OF THE SECOND PART

\*\*\*\*\*

The Owner hereby applies to the County to become a Utility customer for the following services:

Water Residential: \_\_\_\_\_
Water Commercial: \_\_\_\_\_
Sewer: \_\_\_\_\_

The Owner agrees to have the County supply the above listed utilities to the Owner.

The County agrees to sell and deliver, so far as is practical for the County to do so, and the Owner will purchase from the County, the Owner's entire need for utilities indicated above.

The utility service application is made for the following location:

Civic Address: \_\_\_\_\_ Legal Land Description: \_\_\_\_\_

The Owner agrees to pay for utilities used and service rendered at rates as may be determined by the County from time to time.

Services will be discontinued upon approval of the Owner if an outstanding utility bill is sixty (60) days in arrears or if the account is not paid in full upon termination. The services will not be reconnected until all arrears are paid by the Owner. A Reconnect Fee of \$55.00 will also be charged by the County and must be paid prior to utilities being restored.

Service charges for water and sewer will be billed monthly whether or not consumed. Request for disconnection must be submitted by the Owner before the County will do so. A Reconnect Fee of \$55.00 will be charged by the County and must be paid prior to utilities being restored.

I have read and agree to the information outlined in this Agreement and have executed this Agreement as of the day first above written.

PROPERTY OWNER:
Per: \_\_\_\_\_
Signature

SMOKY LAKE COUNTY:
Per: \_\_\_\_\_
Signature

Per: \_\_\_\_\_
Print Name

Per: \_\_\_\_\_
Authorized Agent: Print Name