



Municipality of Port Hope
56 Queen Street, PO Box 117
Port Hope ON L1A 3V9
Tel: 905-885-4544
Fax: 905-885-1807
Email: finance@porthope.ca
Web: www.porthope.ca

Municipal Water Service Request for **Tenants**

Date: _____

The undersigned hereby submits application to the Municipality of Port Hope for supply of water at the following Municipal Address:

to be supplied subject to printed rules and regulations of the Municipality (available at the Municipal Office, Finance Department or the website)

Premise Occupied By: _____ Telephone: _____

Premise Owned By: _____ Telephone: _____

Closing Date: _____ Applicant Signature: _____

A Deposit of \$100 is required to be paid by all Tenants before water is turned on. Any unused portion of the deposit will be returned after the tenant leaves the premises.

All Municipal water accounts must be paid in full prior to connection of new water service.

Office Use Only:

Water Account # _____

Dated Water Turned On _____