



ROSSBURN MUNICIPALITY

WATER REQUEST FORM

Changes Required:

Connect Disconnect Other: _____

Current Account #: _____ Meter ID: _____

Date of Meter Reading: _____ Reading: _____

Connection / Disconnection Date: _____
(Please Circle One) Day Month Year

Name for Billing Purpose: _____

Service Address (Location): _____

Mailing Address (For Billing): _____

Phone Number: _____

Email: _____

Are you the owner? Yes No

Are you the tenant? Yes No

Applicant Signature: _____

Date: _____

For Municipal Office Use Only

Final Bill Issued To: _____

Date Disconnected from System: _____

Serial #: _____

Additional Notes: _____

43 Main St N. Box 100, Rossburn, Manitoba R0J 1V0

Phone: 204-859-2779 Fax: 204-859-2959

Email: municipaloffice@rossburn.ca

www.rossburn.ca