New Tecumseth
Alliston · Beeton · Tottenham

Tenant Deposit Form - Water / Sewer

Service Address: _____
Street # *Street Name* *Town* *Postal Code*

Account #: _____

Date of Occupancy: _____
Month/Day/Year

Name _____

Date of Birth _____

Email Address _____

Telephone Number _____

Employer _____

Drivers License # _____

Previous Address _____

Employer Telephone Number _____

Owner's Name _____

Co-Applicant name _____

I, the tenant, agree to pay the security deposit required and wish to have this account transferred to my name. I understand that in the event of non-payment of my account, service may be terminated and not restored until, payment is made in full including collection and re-connection fees. I will also inform the Town of New Tecumseth when I plan to vacate the premises.

$150.00
Deposit Required

_____
Date Deposit Received

Tenant Signature _____

Co-Occupant Signature _____

Date - Month/Day/Year _____

Date - Month/Day/Year _____

Personal information contained on this form is collected under the authority of By-Law #99-38, for the purpose of acquiring water/sewer service. Questions about this collection should be directed to:

Supervisor of Revenue Services, 10 Wellington Street E. Alliston, ON L9R 1A1, 705-435-3900