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## WATER DISCONNECTION or TRANSFER FORM

DISCONNECT

TRANSFER

Account Information	
Customer Last Name:	Customer First Name:
Service Address:	
Account Number:	

Disconnect Information	
Effective Date for End of Service:	
Forwarding Address:	
Email Address:	Phone Number:

Transfer Information	
Transfer Date for Service:	
New Service Address:	
Mailing Address:	
Email Address:	
Email Billing	<input type="checkbox"/> YES <input type="checkbox"/> NO
\$2.00 monthly fee for paper billing <small>*Waiving of fee may apply - Please inquire</small>	

By signing below, I authorize the Disconnection/Transfer of services as indicated above and understand the following:

For Disconnection:

**Utility Deposit:** Will be applied to the final billing and any amounts remaining will be refunded by cheque to the forwarding address provided.

For Transfer:

**Utility Deposit:** Full deposit will be transferred to the new account. Final billing of disconnected account will be billed as usual and payable by customer.

\_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Date

Office Use Only:	
Disconnection	
Disconnected Utility Account Number:	Final Meter Read:
Final Billing Issued:	Deposit Applied/Refunded:
Transfer	
Disconnected Utility Account Number:	Final Meter Read:
Final Billing Issued:	
New Utility Account Number:	Deposit Transferred:
Employee Signature:	Date Completed: