

**Hamlet of Fort McPherson  
P.O. Box 57  
Fort McPherson, NT X0E 0J0**

**Municipal Services  
Application**

Property Address \_\_\_\_\_

Legal Description: Lot/s \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

**PROPERTY OWNER/S INFORMATION**

Name/s: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICANT/S INFORMATION**

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**APPLICATION INFORMATION**

- Type of Building: Residential  Commercial  Government  Institutional
- Service/s Required: Water Delivery  Sewage Pump-out  Garbage Pick-up  Honey Bag Pick-up
- Times/Week Required (Water/Sewer): One  Two  Three  Four  Five  Six  Seven

I hereby agree to pay for monthly services received for the above municipal services within thirty (30) days of invoicing date; and agree that if the Municipality does not receive payment by the thirty (30) days, to pay a late payment penalty charge of 2% per month. I agree that if Municipal Services is discontinued pursuant to the Municipal Water Rates By-law, I will pay a reinstatement fee pursuant to Section 10(c). I also agree that if I request services outside the requested schedule, I will pay to the Municipality a call-out fee (per call-out) pursuant to Section 5 (Schedule A). It is further understood that the Hamlet of Fort McPherson is not restricted by this application when administering Municipal Services in an efficient and fiscally responsible manner.

Applicant/s Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVALS**

Approved as requested this \_\_\_\_\_ day of \_\_\_\_\_, 2005.

\_\_\_\_\_  
Chief Administrative Officer

\_\_\_\_\_  
Director of Finance