



Town of Foam Lake

Water & Sewer Service Cancellation

Applicant Information

Name: _____
First Last

Address:

Street P.O Box No. Town Postal Code

Forwarding Address:

Street P.O Box No. Town/City Postal Code

Phone Number: _____ **Email Address:** _____

Property Owner: _____ *OR* Tenant: _____ (please indicate)

Would you like the water to remain on? ____ Yes ____ No

Please be advised, there is a \$30.00 charge to have a technician turn the water off.

Signed this _____ day of _____, 20

For Office Use Only:
Meter Reading:
