



Town of Foam Lake

Water & Sewer Service Cancellation

Applicant Information

Name: _____
Last, First

Address: _____
Service Address P.O. Box No. Town/City Postal Code

Forwarding Address: _____
Street Address P.O. Box No. Town/City Postal Code

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

Property Owner:
Tenant:

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.

Date: _____

Signature

For Office Use Only:
Meter Reading:
