



Town of Foam Lake
Water & Sewer Service Application

Applicant Information

Date of Move in: _____

Name of Applicants: _____
First Last

Address:

Street Address P.O. Box No. Town Postal Code

Driver's License #: _____

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

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

If tenant, please indicate who the property owner is: _____

Do you own a: Dog _____ or Cat _____

(Please note that dogs must be licensed and vaccinated as per Bylaw #5-2018)

Signed this _____ day of _____, 20
