THE CITY OF FLIN FLON

Request to Change Utility Billing Charges



"STOPS and STARTS"

For Single Dwelling Units only. ***Rental properties or Multi-Suites are NOT eligible				
Please print clea		lete <u>ALL</u> areas)	
Zone: 1□	2□ 3□	5 □(Channing) *	6□(Trailer Court	:)
Name:				
Utility Account Number	er:			
Telephone Number:				
I hereby make applica	ation to have m	y Water & Sewer B	Billing Charges:	
Stopped \$98.7	7 (\$103.71 Char	ning) Service Char	ge** Started	_
RECEIPT NO.:		** MUST PROVIDE S	START DATE/TENTATIVE	START DATE
From:		**To:		
EXACT DATES M	UST BE INDI	CATED FOR BO	TH THE STOP AN	ND START
For my home locat		·	umber & Street)	
Reason for Request t	o Change Othic	y billing Charges (i.e. vacant, away for wint	er, etc.).
Date Applicant's Signature				
	ORIGINAL	TO TAX & UTILITIES CO	OORDINATOR	
OFFICE (PROCES		ONLY:	Char	ges:
Deactivated Date:	Completed By:	On:	Opening balance:	
STOP water Service Charge applied: \$	Completed By:	On:	\$ Unbilled *months prior JAN FEB APR MAY JULY AUG OCT NOV	r to STOP: MAR JUN SEPT DEC
Reactivated Date:	Completed By:	On:		103.71 (Channing)
Other Notes:			Total Charges:	

\$