

PO Box 488  
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Rainy River, ON  
P0W 1L0



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# Town of Rainy River

## WATER SERVICE – CUSTOMER REQUEST

I HEREBY REQUEST AND AUTHORIZE THE TOWN OF RAINY RIVER TO  
TURN OFF /ON  THE WATER SERVICE AT:

[Redacted Address Line]

(ADDRESS)

[Redacted Account #]

(ACCOUNT #)

Date to Turn On/Off

[Redacted Date]

Fee Paid (\$60 + HST = \$67.80)

Currency

Bill to Account

I CERTIFY THAT I AM THE OWNER OF THESE PREMISES AND  
ACKNOWLEDGE THAT I WILL BE RESPONSIBLE FOR THE CHARGES  
INVOLVED IN THE PERFORMANCE OF SUCH WORK.

DATED AT RAINY RIVER, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

[Redacted Signature Line]

Signature – Municipal Representative

[Redacted Signature Line]

Signature – Owner

[Redacted Name Line]

Name (Print)

[Redacted Address Line]

Address (Print)

