



## The City of Belleville Water Customer Service

### Water and Wastewater Service Application - Commercial

The information collected on this form will be used by the City of Belleville to establish and maintain a service connection and for billing and collection purposes.

#### Service Address

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Street Number and Name:

Unit Number (if applicable):

Account Number:

Client Code:

Effective Date:

#### Customer Information

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Organization Type:

Business Name:

Common Name:

#### Mailing Address

Street Number and Name:

Unit number (if applicable):

City:

Province:

Postal Code:

Email Address:

Telephone:

Fax Number:

Would you like E-billing? (select one)

Yes

No

#### Signator

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#### We require and will verify identification

First and Last Name:

Position:

## Registered Property Owner

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First and Last Name:

- I / We the customer hereby make application to the City of Belleville for water and wastewater services. Service is to be supplied at the address and on the premises described above and will commence on the date indicated on this application.
- I / We the customer agree to pay for such service as bills are rendered and to utilize the service in accordance with the Rates, Rules and Regulations in effect by the City of Belleville or any other regulatory authority having jurisdiction.
- The City of Belleville will make every effort to ensure bills are accurate; however billing errors can occur. The City of Belleville reserves the right to collect under billed amounts at any time in accordance with the relevant bylaw.
- The City of Belleville agrees to use reasonable diligence in providing a regular and uninterrupted supply of water; however will not be liable for damages by reason of any failure in the delivery of such service.
- The City of Belleville assumes no risk and shall not be liable for damages resulting from the presence of its equipment on the customer's premises.

**I hereby confirm that the information contained herein is true and accurate, and I agree to the terms and conditions described.**

Authorized Signature:

Date:

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