



MUNICIPALITY OF

PORT HOPE

FINANCE

56 Queen Street Port Hope, ON L1A 3Z9 | t: 905-885-4544 | f: 905-885-1807 | waterbilling@porthope.ca

Water and Wastewater - Service Request

Service Address (Including Postal Code): *

Date of Possession/Connection: *

Name on Account (Primary): *

Name on Account (Secondary):

Mailing Address Including Postal Code (Unit/Apt # if necessary): *

Email Address: *

Phone Number: *

Address of a Previous Municipality of Port Hope Water and Wastewater Account:

I, the undersigned, hereby certify that the information above is true and correct.

Please sign below: *

Date: *

Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended. Inquiries about the collection of personal information should be directed to the Municipal Clerk.