

# Rural Municipality of Riding Mountain West

## UTILITY: CONNECT / DISCONNECT

(PLEASE COMPLETE THIS FORM IN ALL CAPS TO AVOID ERRORS)

\*Please only fill in the section that pertains to you

Name: \_\_\_\_\_

Requester (if different from above): \_\_\_\_\_

Civic Address: \_\_\_\_\_

please fill the date(s) applicable below:

a) Connection Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_.  
(DD) (MM) (YYYY)

b) Disconnection Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_.  
(DD) (MM) (YYYY)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Info: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

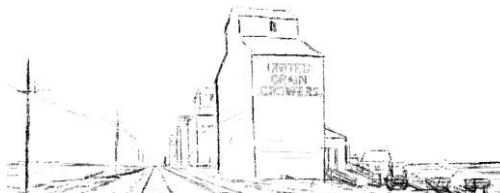
### Office Use Only

Processed By \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Connection Only  Disconnection Only  Reconnect & Disconnect

Utility Operator Informed (via calendar invite or note) :

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www.rmwest.ca



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