



Customer Account Form

Complete this form if you are a new Haldimand County Water & Wastewater (Haldimand County) customer, or if you are an existing customer that wants to change locations or move out of the service area. An account setup charge will apply.

TYPE OF SERVICE

I would like to: Open an account (complete sections B, C, D below) Close an account (complete sections A, C, D below)
 Close and open a new account within the County service area (complete sections A, B, C, D below)

SECTION A: CLOSE AN ACCOUNT

Please check one: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter		Move-out date:		MMDDYYYY		
Resident's Name (Account holder):	Last Name	First Name		Account #:		
Service Address:	House #	Street Name	Unit #	City	Province	Postal Code
Forwarding Address (for final bill):	House #	Street Name	Unit #	City	Province	Postal Code

Your final bill will be sent to your address of choice. It will include applicable water usage consumed before your move-out date.

SECTION B: OPEN AN ACCOUNT

Please check one: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter		Please check one: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial				
Resident's Name (Account holder):	Last Name	First Name		Move-in date:		MMDDYYYY
Service Address:	House #	Street Name	Unit #	City	Province	Postal Code
Mailing Address (if different from above):	House #	Street Name	Unit #	City	Province	Postal Code

SECTION C: CUSTOMER INFORMATION

Home Phone:		Work Phone:	
Cell Phone:		Email Address:	
If you are a renter, please provide landlord's contact information below.			
Landlord's Name:		Landlord's Email:	
Cell Phone:		Home/ Work Phone:	

SECTION D: RESIDENT AGREEMENT

Privacy: In accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA), the Resident named above acknowledges that providing personal information to Haldimand County is considered consent to the collection, use, and disclosure for billing, collection, auditing, and other necessary purposes. The information will only be shared with related Haldimand County companies and third-party service providers, and is processed and stored with appropriate confidentiality levels as per Haldimand County's privacy policy.

I certify that I am the owner or renter of the home address identified above (the "Resident") and I hereby authorize Haldimand County to add or remove me as the named consumer at this service address. I authorize Haldimand County to bill me for the consumption of water and wastewater up to and including the move out date indicated, and/or to commence billing for the consumption of water and wastewater as of the move-in date. I confirm that the information I have provided above is true and complete.

Resident Signature:	Date:
Resident Signature: <i>(for joint accounts that require more than one signature)</i>	Date:

Send completed forms to: E-mail: WaterBilling@haldimandcounty.on.ca | Fax: 1-844-458-6573 |
 Mail: Haldimand County Water and Wastewater: PO Box 95510 RPO Newmarket CTR, Newmarket ON, L3Y 8J8