



CITY OF IQALUIT

NOTICE TO DISCONTINUE OR TRANSFER MUNICIPAL SERVICES

****PLEASE PRINT CLEARLY****

PREVIOUS ADDRESS

NAME: _____	DISCONNECT DATE: _____
MAILING ADDRESS: _____	PHONE (H): _____
_____	PHONE (W): _____
BUILDING NUMBER: _____	EMAIL: _____
_____	_____

NEW ADDRESS

BUILDING NUMBER: _____	PHONE (H): _____
MAILING ADDRESS: _____	PHONE (W): _____
_____	EMAIL: _____
_____	_____

TYPE OF SERVICE:

TRUCKED SERVICE	<input type="checkbox"/>
PIPED (UTILIDOR)	<input type="checkbox"/>
RESIDENTIAL	<input type="checkbox"/>
COMMERCIAL	<input type="checkbox"/>
INDUSTRIAL	<input type="checkbox"/>
GOVERNMENT	<input type="checkbox"/>

OFFICE USE ONLY
CUSTOMER ID: _____
ACCOUNT NUMBER: _____
METER READING: _____
DATE: _____

NEW TENANT INFORMATION

NAME: _____

MAILING ADDRESS: _____

PHONE (H): _____

PHONE (W): _____

EMAIL: _____

*If transferring services to another location, please also fill out Application For Municipal Services form.

Deposits can be transferred to new unit.

SIGNATURE OF APPLICANT: _____

DATE: _____