



Would you like to enroll in our **Landlord-in-Between** program? Use this request form.

This form can be returned to our office by:

Fax – 902-490-4749

Mail – P.O. Box 8388, RPO CSC, Halifax, N.S. B3K 5M1

Email – CustomerService@halifaxwater.ca

All applications must include a signature. If returning the form by email, please print first to include signature, then scan to send.

* Indicates a required field

<p>Contact Information</p> <p>Account Holder Name* _____</p> <p>Phone Number* _____</p> <p>Email Address* _____</p> <p>Confirm email address* _____</p>
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<p>Service (Civic) Address</p> <p>Street Address 1* _____</p> <p>Street Address 2 _____</p> <p>City* _____</p> <p>Postal Code* _____</p>

<p>Billing (Mailing) Address</p> <p><i>Billing (mailing) address is the same as the service (civic) address* (if yes, this section does not need to be completed).</i></p> <p>Street Address 1* _____</p> <p>Street Address 2 _____</p> <p>City* _____ Province* _____</p> <p>Country _____ Postal Code* _____</p>

<p>Date: _____ Signature: _____</p>
