



*Town of Oyen*

P.O. BOX 360  
OYEN, AB T0J 2J0

## WATER/SEWER & GARBAGE APPLICATION

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

Address of Connection: \_\_\_\_\_

Date of Connection: \_\_\_\_\_

Owner or Renter: \_\_\_\_\_

Owner Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Emailed Bills?      Yes                  No

Pet Information (If applicable): \_\_\_\_\_

\_\_\_\_\_

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