

ADMINISTRATION OFFICE
1800 Main Street
P.O. Box 70
Geraldton, ON P0T 1M0



GREENSTONE

Phone: 807-854-1100
Fax: 807-854-1947
Email: administration@astrocom-on.com

WATER/SEWER SERVICE RECORD
(Tenant Form)

Registered Owners Name _____

Mailing Address _____

Roll No. _____

Property Address _____

I declare that I am the registered owner of the above noted property and I am requesting that the water and/or tax bills be mailed to my tenant _____

at mailing address _____

Who has agreed to pay the water and/or tax bills while residing at the above address. I realize that in the event that the tenant does not pay the bills, as registered owner, I am responsible for the outstanding amounts.

Owner Signature required Date

Name _____

I declare that I am the tenant of the above noted property and I am requesting that the water and/or tax bills be mailed to me for payment at the following mailing address _____

I agree to pay the water and/or tax bills while residing at the above address and will notify the owner and the Municipality if I move from this location.

Tenant Signature required Date