



Submit by email to:
Water Department water@townofws.ca

**CHANGE OF DIRECTION OF WATER BILLING
TENANT REMOVAL REQUEST**

WATER ACCOUNT # _____

TAX ROLL # _____

EFFECTIVE DATE _____

PROPERTY ADDRESS

I **request** that the Town of Whitchurch-Stouffville remove my tenant from the above noted water account

Tenant's Name(s) PLEASE PRINT CLEARLY

Send all future billings to the following address:

Address

City

Postal Code

Date (month day year)

Signature - Property Owner (Must be signed)

Day time phone # of Property Owner

Email Address of Property Owner

Please Note: This form will only be processed if fully completed