



Office: (250) 765-5169
Fax: (250) 765-0277
www.bmid.ca

File No. 033

Date: _____

Tenant Information:

Owner Information:

Account No: _____

Account No: _____

Roll No: _____

Roll No: _____

Legal Desc: _____

Legal Desc: _____

Owner Tenant

Owner Tenant

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

Postal Code: _____

Postal Code: _____

Telephone: _____

Telephone: _____

Property Location: _____

Property Location: _____

Service End Date: _____

Service Start Date: _____

Mail Refund To: _____

Rate Code: _____

New Account: \$7.00

Signed: _____

Deposit Amount: _____

H₂O

Paid For The Year: Yes No

Rate Code

PreAuthorized Pymt: Yes No

Irrigation

Signed: _____

Flag

Remarks:

