

Please print and complete all fields.

|  |
|--|
| Water and Wastewater Account No.                         |
| Detector (fire line) Account No.                         |
| Water and Wastewater Meter Serial No. <b>(Mandatory)</b> |
| <b>Move-in Date:</b>                                     |

**TENANT INFORMATION**

|  |           |              |
|--|-----------|--------------|
| <b>Company Name:</b>   |           |              |
| <b>Service Address:</b>                                      | Street:   |              |
|  | City:     | Postal Code: |
| <b>Billing Address:</b>                                      | Street:   |              |
|  | City:     | Postal Code: |
| <b>Telephone Numbers:</b>                                    | Home:     | Business:    |
|  | Cellular: | E-mail:      |
| <b>Tenant's Previous Address (if in the Region of Peel):</b> |           |              |
|  |           |              |

- As a tenant at the above address, I agree to have the water and wastewater bill redirected to myself from the **Move-in Date above** until I vacate the property.
- I understand there will be a **Change of Occupancy fee** applied to my first bill.
- I will notify the Region of Peel in advance of my move-out date and provide a forwarding address for final billing.
- I agree that at any time during my Tenancy of the above property, the Region of Peel may, where it deems necessary, communicate to my landlord the amount of the arrears on the account.
- Stormwater charges may be applicable to Mississauga residents.

|                        |  |              |  |
|------------------------|--|--------------|--|
| Authorizing Signature: |  | Date Signed: |  |
| Print Name             |  | Position:    |  |

**LANDLORD INFORMATION**

|                              |  |           |              |
|------------------------------|--|-----------|--------------|
| Landlord/Company Name: _____ |  |           |              |
| <b>Address:</b>              | Mailing Address:                                   |           |              |
|                              | City:  | Province: | Postal Code: |
|                              | E-mail (To receive arrears notices provide e-mail) |           |              |
| <b>Telephone Numbers:</b>    | Home:  | Business: |              |
|                              | Cellular:  |           |              |

I have read and understood my responsibilities as a landlord for the Water and Wastewater bill at the above tenanted property. [Refer to the attached cover letter or our website: [www.peelregion.ca](http://www.peelregion.ca) and the Municipal Act, S.O. 2001, c.25, s.398 (2)]

|                     |  |              |  |
|---------------------|--|--------------|--|
| Landlord Signature: |  | Date Signed: |  |
|---------------------|--|--------------|--|

**Public Works**  
 Operations Support  
 billingops@peelregion.ca

10 Peel Centre Dr.  
 Brampton, ON. L6T 4B9

Telephone Number: 905-791-8711  
 Caledon - Toll Free: 905-584-2216  
 Fax: 905-791-5112

Notice With Respect to the Collection of Personal Information

Personal information on this form is collected under the authority of the Municipal Act, S.O. 2001, c. 25, s. 11 and s.398 (2) regarding water and wastewater bills. Questions about this collection of personal information should be forwarded to the Supervisor, Billing Operations.