



# Water Turn On/Off Application

Request 72 hours in advance for service Monday to Friday 8am- 5pm

Date: \_\_\_\_\_

## Owner Information

Owner(s)		Address:			
First and Last Name		Street Address	City	Prov	Postal Code
Home Phone	Cellular	Fax	Email		

## Property Information

Civic Address of Subject Property	Legal Description of Subject Property		
Street Address	Lot:	Block:	Plan:
	Roll Number:		

## Services Requested

Service Type	"X"		New Service	Existing Service	Number of Units	Mainline Isolation Required? *24 hr notice to all residences*
Turn On		Residential				
Turn Off		Commercial				
Off & On		Industrial				
Emergency		Institutional				

Reason for Application: \_\_\_\_\_

**Note: Turn On/Off Requests require a 72 hour notice (excluding weekends and holidays) and Emergency Requests are subject to additional charges.**

## Declaration

I hereby agree to abide by the Water Regulation Bylaw No. 2013, 2009 and to pay the fees set out in Schedule E of the said Bylaw.

Signature of Owner/ Applicant	Printed Name of Owner/ Applicant	Phone:
		Date:

## Office Use Only

Connection Approval: _____ <small>Day / Month / Year</small>		<table border="1"> <thead> <tr> <th>Fees</th> <th>Circle</th> <th rowspan="5">Payment Details/ Stamp</th> </tr> </thead> <tbody> <tr> <td>Turn On</td> <td><b>\$40</b></td> </tr> <tr> <td>Turn Off</td> <td><b>\$40</b></td> </tr> <tr> <td>Emergency</td> <td><b>\$200</b></td> </tr> <tr> <td>On Demand</td> <td><b>\$200</b></td> </tr> </tbody> </table>	Fees	Circle	Payment Details/ Stamp	Turn On	<b>\$40</b>	Turn Off	<b>\$40</b>	Emergency	<b>\$200</b>	On Demand	<b>\$200</b>
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Turn On	<b>\$40</b>												
Turn Off	<b>\$40</b>												
Emergency	<b>\$200</b>												
On Demand	<b>\$200</b>												
Meter Installation Approval:													
Date On: _____ Date Off: _____ <small>Day / Month / Year Day / Month / Year</small>													
Completed by:													
Utility Account No.													
Receipt No.		Fees pursuant to Schedule E of the Water Regulation Bylaw and its amendments											