



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 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:

Picked Up By:

Phone #:

Signature:

Email:

Office Use Only

Connection Approval: _____ / _____ / _____ <small>Day Month Year</small>		Fees	Circle	Payment Details/ Stamp
Meter Installation Approval:		Turn On	\$45	
Date On: _____ / _____ / _____ Date Off: _____ / _____ / _____ <small>Day Month Year Day Month Year</small>		Turn Off	\$45	
Completed by:		Emergency	\$250	
Utility Account No.		On Demand	\$250	
		Receipt No.		
Fees pursuant to Schedule E of the Water Regulation Bylaw and its amendments				