

APPLICATION FOR SERVICES CONNECTIONS



Applicants Name:	_____	Date:	_____
Property Address:	_____		
Postal Address:	_____		
Telephone:	_____	Cellphone:	_____

Service connection requirements:

Water Supply Connection:	<input type="checkbox"/>	Number:	_____	Size:	_____
Storm Water Connection:	<input type="checkbox"/>	Number:	_____	Size:	_____
Sewer Connection:	<input type="checkbox"/>	Number:	_____	Size:	_____
Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>		
Other: (Please specify)	_____				

Description of development:
(e.g. 3 townhouses on cross lease title, block of shops, warehouse, etc)

Is the property already supplied with water?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Were any buildings demolished to which water was supplied?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Connection installation required by:	<input type="checkbox"/>	As soon as possible		
_____	<input type="checkbox"/>	Date for connection		
	<input type="checkbox"/>	To be advised		

Signed by owner / on behalf: _____

Please show on the reverse page:

SCALE DIAGRAM FOR METER / CONNECTION LOCATION
(Show distances from boundaries, entranceways, power poles, etc)

Office:	Connection Charges:
Application received by: _____	No: _____ @ \$ _____ = _____
Valuation number: _____	No: _____ @ \$ _____ = _____
Legal description: _____	No: _____ @ \$ _____ = _____
Receipt No: _____	Total fee / Advance Payments: = _____