DISTRICT OF HOPE

WATER CONNECTION

Turn on / Turn off / Decommission

(Please circle service required)

Utility Account No.: _____

Receipt No. _____ for payment of turn on/off fee as prescribed by the fees and charges bylaw.

Date required: _____ Time: _____

*** Note that the District of Hope requires 24 hrs. notice unless in the case of emergency.**

at the building of

_____

(street address)

_____

(legal)

_____ _____

(property owner) (telephone number)

_____

Signature of Property Owner or Agent

For City Use Only:

Water Connected/Disconnected/Decommissioned this date:

(Please circle service provided)

_____

_____

Water/Sewer Personnel