

TOWN OF GOLDEN

PO BOX 350 GOLDEN, B.C. V0A 1H0 TELEPHONE (250) 344-2271 FAX (250) 344-6577 www.golden.ca

WATER TURN ON AND TURN OFF APPLICATION 2024

Name:	Date:					
Mailing Address:						
Project Address:						
Phone Number: UB Acct Number:		Tax Roll Number:				
Applicant is ☐ Owner ☐ Tenar	ıt □ Owner's Aş	gent (e.g. plur	nber, buil	der)		
I hereby apply for						
I request the water to be turned ON on date			at time			
I request the water to be turned OFF on date			_ at time			
The Operations Department will end the property can only be turned on or						water supply to
ONCE WATER IS TURNED ON A GARBAGE AND RECYCLING WI						
Where the application is made by a 7 to act upon the Owner's behalf.	Cenant or an Owner	's Agent, by s	signing th	is application you a	re declaring that yo	u are authorised
I hereby request that the water be tur with use of water in accordance with time as this application is completed	the rates, terms and	d conditions p	rovided f	rom time to time by	Town of Golden E	
Signature of Applicant:						
	-	– – – – . RTMENT US	– – – – SE ONLY			
	Date	Water Le	eft	After Hours?	Initials	7
Water & Sewer Connection Inspection		ON / O	FF	YES / NO		
R/I plumbing testing only		ON / O	FF	YES / NO		
Routine Service Request		ON / O	FF	YES / NO		
FOR FINANCE DEPARTMENT U	SE ONLY					
☐ No charge event.						
☐ Interrupted/New Billing Turn On fee \$105.26				☐ Paid		
☐ Outside of normal working Hours Original to: Works Foreman; Copy to		nt; Building (Inv# Official (o	☐ Paid nly if new build)		