



APPLICATION FOR CONNECTION INFORMATION PAGE

Work Order #: _____

Today's Date: _____

Applicants Name:	
Applicants Mailing Address:	
* Including Postal Code *	
Applicants Phone #:	
Applicants Fax #	
Contact Name	
Contact Phone #: (cell # preferred if available)	

cc: Foreman, Operations Department
Fire Chief, Fire Department
Operations Superintendent, Operations Department
Director, Operations and Development Services

SCHEDULE "A"

APPLICATION FOR CONNECTION

The Undersigned being the Registered Owner/Owners (or duly Authorized Agent) of real property situated at:

House Number	Street	City	Postal Code
--------------	--------	------	-------------

the Legal Description being:

Lot Number	Block	District Lot/Section	Plan No.	Roll Number
------------	-------	----------------------	----------	-------------

in the District of Pitt Meadows, do hereby apply for:

1. A _____ inch Sanitary Sewer Connection from the sanitary sewer main to my nearest property line, and herewith tender the sum of _____ (\$ _____) Dollars for such connection.
2. A _____ inch Storm Drain Connection from the storm drain main to my nearest property line, and herewith tender the sum of _____ (\$ _____) Dollars for such connection.

I/WE hereby authorize The Corporation of The District of Pitt Meadows to install the said Sewer or Storm Drain Service Connection, and further agree to duly pay all annual charges assessed against the aforesaid real property therefor.

I/WE further agree to conform to the provisions contained in the "Sanitary Sewer and Storm Drain Bylaw", and to await written approval of the District's Inspector upon completion of the installation of the sanitary building sewer or storm building drain before backfilling of the trench is commenced.

DATE

APPLICANT'S SIGNATURE

RECEIPT NO.

APPLICANT'S ADDRESS

MUNICIPAL OFFICIAL