



## District of Ucluelet Water Meter Application

| FOR APPLICANT USE |                |
|-------------------|----------------|
| Owner Name:       |                |
| Service Address:  |                |
| Legal Address:    |                |
| Billing Address:  |                |
| Phone Number:     | Email Address: |
| Contractor Name:  | Phone Number:  |

Notice of Personal Information Collection: The personal information on this form is being collected for the purpose of processing your water meter application in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act. For more information about how this information will be used, please contact the Manager of Corporate Services at 250-726-7744.

The undersigned owner/authorized agent of the owner makes an application as specified herein, and declares the information submitted in support of the application is true and correct in all respects. The owner/authorized agent understands that water service will be furnished and used in accordance with the rules, regulations and bylaws of the District of Ucluelet.

Applicant Name (Owner or agent): \_\_\_\_\_ Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

| FOR OFFICE USE   |                          |                          |                               |                          |                        |                          |                          |                          |      |                          |        |                          |    |                          |       |
|--|--------------------------|--------------------------|-------------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|--------|--------------------------|----|--------------------------|-------|
| <b>Building Inspector Section</b>  |                          |                          |                               |                          |                        |                          |                          |                          |      |                          |        |                          |    |                          |       |
| Water Turn Off/On: <b>\$30</b>   |                          |                          |                               |                          |                        |                          |                          |                          |      |                          |        |                          |    |                          |       |
| Inspection: <b>\$110.00</b> (3/4" – 1 1/2") <b>\$410</b> (2") <b>\$600</b> (3" and larger) |                          |                          |                               |                          |                        |                          |                          |                          |      |                          |        |                          |    |                          |       |
| <b>Type of Service</b>   |                          |                          |                               |                          |                        |                          |                          |                          |      |                          |        |                          |    |                          |       |
| <input type="checkbox"/>   | Single Family            | <input type="checkbox"/> | Manufacture Home- private lot |                          |                        |                          | <input type="checkbox"/> | Commercial               |      |                          |        |                          |    |                          |       |
| <input type="checkbox"/>   | Duplex                   | <input type="checkbox"/> | Hotel/Motel                   |                          |                        |                          | <input type="checkbox"/> | Industrial               |      |                          |        |                          |    |                          |       |
| <input type="checkbox"/>   | Townhouse/Condo          | <input type="checkbox"/> | Office/General                |                          |                        |                          | <input type="checkbox"/> | Other                    |      |                          |        |                          |    |                          |       |
| <input type="checkbox"/>   | Multi Family 3 & 4 Units | <input type="checkbox"/> | Restaurant                    |                          |                        |                          | <input type="checkbox"/> |                          |      |                          |        |                          |    |                          |       |
| <input type="checkbox"/>   | Multi Family 4+ Units    | <input type="checkbox"/> | Institution                   |                          |                        |                          | <input type="checkbox"/> |                          |      |                          |        |                          |    |                          |       |
| <b>Meter Size</b>  |                          |                          |                               |                          | <b>Line Size</b>       |                          |                          |                          |      |                          |        |                          |    |                          |       |
| <input type="checkbox"/>   | 3/4"                     | <input type="checkbox"/> | 1 1/2"                        | <input type="checkbox"/> | 3"                     | <input type="checkbox"/> | 6"                       | <input type="checkbox"/> | 3/4" | <input type="checkbox"/> | 1 1/2" | <input type="checkbox"/> | 3" | <input type="checkbox"/> | 6"    |
| <input type="checkbox"/>   | 1"                       | <input type="checkbox"/> | 2"                            | <input type="checkbox"/> | 4"                     | <input type="checkbox"/> | Other                    | <input type="checkbox"/> | 1"   | <input type="checkbox"/> | 2"     | <input type="checkbox"/> | 4" | <input type="checkbox"/> | Other |
| <b>Building Permit No:</b>   |                          |                          |                               |                          |                        |                          |                          |                          |      |                          |        |                          |    |                          |       |
| <b>Public Works Section</b>  |                          |                          |                               |                          | <b>Finance Section</b> |                          |                          |                          |      |                          |        |                          |    |                          |       |
| Location of Meter:   |                          |                          |                               |                          | Receipt:               |                          |                          |                          |      |                          |        |                          |    |                          |       |
| Barcode:<br>S/N:   |                          |                          |                               |                          | Total Fees Received:   |                          |                          |                          |      |                          |        |                          |    |                          |       |
| Meter Operational: <b>Yes No</b>   |                          |                          |                               |                          | Folio:                 |                          |                          |                          |      |                          |        |                          |    |                          |       |
| Meter Reading at Inspection:   |                          |                          |                               |                          | UB Account No:         |                          |                          |                          |      |                          |        |                          |    |                          |       |
| Inspected By:  |                          |                          |                               |                          |                        |                          |                          |                          |      |                          |        |                          |    |                          |       |
| Inspection Date:   |                          |                          |                               |                          |                        |                          |                          |                          |      |                          |        |                          |    |                          |       |