



APPLICATION FOR SERVICES

HST REGISTRATION 108129396

SERVICES REQUIRED BY:

File No: \_\_\_\_\_

OWNER:

PHONE: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

WORK TO BE PERFORMED AT: (Civic #) \_\_\_\_\_ (Street) \_\_\_\_\_ LOT # \_\_\_\_\_

Table with 4 columns: SERVICES REQUIRED:, REQ'D (X), QUANTITY, Charge. Rows include (A) 19mm dia. Water, (B) 100mm dia. Sanitary Sewer, (C) 19mm dia. Water Plus 100mm dia. Sanitary Sewer, (D) 19mm dia. Water Plus 100mm dia. Sanitary Sewer Plus 100mm dia. Storm Sewer, (E) Other:

- Note: 1. Where "C" or "D" above are required, price will be for services in a common trench. 2. For services other than those listed in (A), (B), (C), or (D), please specify in "(E) Other". There will be a charge for any additional costs incurred. 3. Services will only be installed between May 1st and October 31st.

Table with 6 columns: OTHER CHARGES:, REQ'D (X), RATE, LENGTH/ QUANTITY, AMOUNT, HST. Rows include REVISION TO EXISTING CURB, Milled, \$500.00 plus cost per foot; REVISION TO EXISTING CURB, Replacement, \$500.00 plus cost per foot; REVISION TO EXISTING SIDEWALK, \$500.00 plus cost per foot; NEW DRIVEWAY CULVERT; EXTENSION TO DRIVEWAY CULVERT-; WATER TURN-ON (regular/after hours); SERVICE INSPECTION (after regular hours); REVISIONS TO CURB STAND (NEW); TREE PLANTING (BY-LAW 700-80) (Frontage/Flankage); TOTAL OTHER CHARGES + HST \$

I REQUIRE THE SERVICES LISTED ABOVE AND AGREE TO FOLLOW TOWN OF RIVERVIEW INSTRUCTIONS TO BUILDERS, (BP-3), PROVIDED BY THE BUILDING INSPECTOR.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

FOR OFFICE USE ONLY

TO: DIRECTOR OF FINANCE DATE: \_\_\_\_\_ FROM: ENGINEERING DEPARTMENT

THE SERVICES, NAMELY: \_\_\_\_\_

REQUESTED BY (OWNER): \_\_\_\_\_

AT (LOCATION WHERE SERVICE REQUIRED): \_\_\_\_\_ ARE AVAILABLE ON THE STREET IN CONFORMITY WITH BY-LAW No. 300-5 (IF APPLICABLE) AND WILL

COST \$ \_\_\_\_\_ + HST \$ \_\_\_\_\_ FOR A TOTAL COST OF \$ \_\_\_\_\_.

PLEASE CONTACT OWNER AND ADVISE THEM OF COST.

ENGINEERING DEPARTMENT SIGNATURE

AMOUNT RECEIVED \$ \_\_\_\_\_ RECEIPT No. \_\_\_\_\_ DATE: \_\_\_\_\_ ON RECEIPT OF PAYMENT, FORWARD COMPLETED FORM TO TOWN CLERK.

ACCOUNTS RECEIVABLE SIGNATURE