



APPLICATION FOR SERVICES

HST REGISTRATION 108129396

SERVICES REQUIRED BY: _____

File No: _____

OWNER: _____

PHONE: _____

ADDRESS: _____

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

SERVICES REQUIRED:	REQ'D (X)	QUANTITY	Charge		
(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.					
OTHER CHARGES:	REQ'D (X)	RATE	LENGTH/ QUANTITY	AMOUNT	HST
REVISION TO EXISTING CURB, Milled, \$500.00 plus cost per foot		\$50.00/ft			
REVISION TO EXISTING CURB, Replacement, \$500.00 plus cost per foot		\$150.00/ft			
REVISION TO EXISTING SIDEWALK, \$500.00 plus cost per foot		\$150.00/ft			
NEW DRIVEWAY CULVERT					NIL
EXTENSION TO DRIVEWAY CULVERT-					
WATER TURN-ON (regular hours)		\$50.00			NIL
(after regular hours)		\$250.00			
SERVICE INSPECTION (after regular hours)		\$250.00			
REVISIONS TO CURB STAND (NEW)		\$100.00			
TREE PLANTING (BY-LAW 700-80) (Frontage =)		\$600.00			NIL
(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 ONLYTO: **DIRECTOR OF FINANCE**
FROM: **ENGINEERING DEPARTMENT**

DATE: _____

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 _____