



**SHUT-OFF OR TEMPORARY SHUT-OFF OR TURN-ON OF WATER  
SANDSPIT WATER SERVICE**

Date of Application \_\_\_\_\_

Applicant Name \_\_\_\_\_ Are you the registered owner? Yes / No

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Folio number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Service Requested: \_\_\_\_\_ **Temporary Shut-off** \_\_\_\_\_ **Shut-off** \_\_\_\_\_ **Turn-On**

Date Service Requested: \_\_\_\_\_

I \_\_\_\_\_ understand and accept the terms and conditions as set out in the Sandspit Water Service Regulation and Fees Bylaw No. 558 and amendments thereto.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use only:** Fees: No Charge

Date Application Received by Office: \_\_\_\_\_

Date Notice Sent to MIMC/Sandspit Water: \_\_\_\_\_

**Meter Reading:** \_\_\_\_\_

**Date Service Completed:** \_\_\_\_\_ **Operator Signature:** \_\_\_\_\_

Copy to File and MIMC: \_\_\_\_\_ initials

Notes: