



DISTRICT OF PORT HARDY
APPLICATION FOR UTILITY CONNECTION



*PO Box 68, 7360 Columbia Street, Port Hardy, BC V0N 2P0 / Phone (250) 949-6665 / Email: reception@porthardy.ca
Operational Services Department: 8900 Park Drive / Phone (250) 949-7779 / Email: pw@porthardy.ca*

Roll Number of Subject Property: _____

Street Address of Subject Property: _____

Legal Description - Lot: _____ Block: _____ Plan: _____

Residential Multi-family Commercial Industrial Institutional

Water Sewer Drainage

Size: _____ Size: _____ Size: _____

Description of development: _____

APPLICANT INFORMATION

Name: _____

Mailing Address: _____

Telephone: _____ Mobile: _____ Email: _____

Applicant's Declaration:

I understand that this is an application for service(s) and that the District may not be able to provide the requested service(s) depending on the circumstances. I further understand that after the District's Operational Services Department has determined the estimated costs of providing the service(s), that I must pay the estimated costs in full before the District will schedule installation of the services.

Applicant's Signature

Date

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Office Use Only:

Amount paid: _____ Receipt Number: _____ Date: _____

cc: Director of Operational Services, Municipal Inspector, Finance Department