

CITY OF PITT MEADOWS

PERMIT FOR WATER, SANITARY & DRAINAGE DISCONNECTION

<small>(City Use)</small>	Work Order #		Today's Date	
Owner Contact				
Name				
Full Mailing Address				
Phone # <small>(cell preferred)</small>			Email	
Agent Contact				
Name				
Phone # <small>(cell preferred)</small>			Email	
Application				
Reason for Disconnect				
Demolition or Removal of House		<input type="checkbox"/> Yes <input type="checkbox"/> No	Demolition Date	
The Undersigned being the Registered Owner/Owners (or duly Authorized Agent) of real property situated at:				
Address <small>(incl. postal code)</small>				
Legal Description				
in the City of Pitt Meadows, make disconnection Application as follows:				
Water		<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	

Sanitary	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Drainage	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary

An estimate for disconnection will be done by the Operations Department. You will be notified of the amount, and, should you wish to proceed, you will be required to pay the amount before the disconnection work is done and sign a cost estimate for private work form.

I/WE hereby authorize the City of Pitt Meadows to disconnect services as indicated above.

Terms and Conditions:

I agree that I will comply with all City of Pitt Meadows bylaws and amendments thereto in so far as they apply to my requirements and use. I also agree to save the City, its elected and appointed officials, employees and agents harmless from and against all liability, actions, causes of action, claims, damages, expenses, costs, debts, demands for losses suffered or incurred by them or any of them, including consequential damages and damages for third parties whether known or unknown, foreseeable or not, arising from the disconnection of services. The municipality reserves the right to charge the applicant for any additional costs incurred due to problems encountered, which at the time of the estimate were not known by the City. Payment of the disconnection fee must be made two (2) weeks prior to disconnection. Please make cheques payable to the City of Pitt Meadows.

Note: This application for service disconnect is valid for sixty (60) days only from date of estimate.

Authorized Signature of the Applicant(s)

Date Signed

Approving Signature of the
Engineering Services Coordinator

Date Signed

cc: Building Department

This collection of personal information is authorized under section 25(c) of the *Freedom of Information and Protection of Privacy Act* (FIPPA). Your personal information will be used to process the application and will not be disclosed to the public except as may be required by law. Questions can be directed to: Privacy Officer, 12007 Harris Road, Pitt Meadows, V3Y 2B5, 604.465.2462, kbarchard@pittmeadows.ca.