



THE CORPORATION OF THE CITY OF GRAND FORKS APPLICATION AND AGREEMENT FOR WATER SUPPLY AND SERVICE(S)

Date of Application:			Folio Number:				
Owner or Agent: Service Address:			Phone Number:				
			Plan:	DL:			
			Parcel Size:	Number of Units:			
I,	a	s Owner or A	Agent of the propert	y on this application, hereby			
make application f	or authorization to proceed v	with the follow	wing works (check a	all that apply):			
	Connection D New Water C						
	☐ Commercial 1" or greater (specify size) _						
	or greater (specify size) _						
In consideration of the all water services prothereto. I/We furthe and regulations made Grand Forks from all indemnify the City of claims, causes of a person, partnership consequence of or in	rovided herein as prescribed by ragree that I/We will be bound the there under and that in condiction of caused by Grand Forks, its Council mection, suits, judgments, losses or corporation or our respective cidental to this agreement.	I/We agree to y the "City of 0 d by all the prosideration of toy the delivery mbers, emplos, damages, ove heirs, successive to the prosideration of the pros	duly pay all applicab Grand Forks Water Rovisions of the said B he aforesaid I will pr of the said service(s yees and agents from costs and expenses essors, administrator	le user rates and service charges for egulations Bylaw" and amendments ylaw where applicable and the rules otect and save harmless the City of). I/We further agree to release and m and against all liability, demands, of whatever kind I/We or any other is or assignees may have to incur in			
Owner or Agent Si	gnature:	Date:					
	Own	er Authorizatio	on for Agent				
l,		as Owner of the	property described on	this application, hereby authorize:			
Name:		Phone:					
Address:							
to act on my behalf wit	th regards to this application.						
			(Owner's Signature)				
		OFFICE USE	ONLY				
Fee \$:	Receipt No:	Rece	ived by:				
City Signature:			Date:				





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The following Contractor will	complete the	works:									
Contractor Contact:		Ph:									
OFFICE USE ONLY											
Mandatory Contractor Doc	umentation A	Attached (√):									
Certificate(s) of Insurance:			WorksafeBC Do	cuments:							
City Business License:			Prime Contracto	r Documents	3:		□N/A				
Detailed Scope of Work:			Traffic Management Plan:				□N/A				
Detailed Quote:			Other:								
Additional Descriptions											
Additional Requirements:_ Backflow Preventer:	□Yes □No	□N/A	Pressure Reduc	ing Valve:		□ No	□ N/A				
Authorized to proceed with											
Date: (Signature)											
Backfill not to be completed prior to final inspection approval											
Inspection completed by:			A	pproved:	□ Yes		□ No				
Date:			(8	Signature)							
Fee Paid: Yes No (Confi	rm payment of	fee prior to issu	·	· ·							
Additional Comments:											
The information on this form is collect Supply and Services. Personal inform Corporate Officer, The Corporation of the	nation collected is pr	rotected pursuant to t	he Freedom of Informa	ntion and Protecti	ation and A on of Privac	Agreemer cy Act. E	nt for Water NQUIRIES:				