



Box 100 | 7400 Prospect Street
 Pemberton BC V0N 2L0
 P: 604.894.6135 | F: 604.894.6136
 Email: admin@pemberton.ca
 Website: www.pemberton.ca

WATER SHUT OFF/TURN ON SERVICE REQUEST

Village of Pemberton can assist residential property owners to shut off or turn on a residential water connection. To submit a request, complete this form and return it along with payment to the Village Office with a minimum of 48 hours prior to the date of the shut off/turn on request.

FEE SCHEDULE

Shut off water connection : \$ 100.00
 Turn on water connection: \$ 100.00

OWNER/OCCUPIER

Owner Name: _____ Home: _____
 Civic Address: _____ Work: _____
 Mailing Address: _____ Cell: _____
 _____ Email: _____

SHUT OFF/ TURN ON

Reason for shut off: _____
 Date of shut off: _____ Estimated time for shut off: _____
 Date of turn on: _____ Estimated time for turn on: _____

ACKNOWLEDGEMENT

I _____ being the owner/occupier of the above civic address apply to the Village of Pemberton to have water services shut off and/or turned on to the civic address indicated above.

I acknowledge that, during the water shut off, it is my responsibility to ensure that all indoor plumbing fixtures and/or valves are in the "off" position and to take necessary measures to protect my hot water tank or other plumbing items against possible damage. Further, I agree that I will protect and save harmless the Village of Pemberton for any claims of damage resulting from the interruption of water service, including damage from plumbing fixtures left in the "on" position, leaks or improper or incomplete plumbing. In the case of an emergency I acknowledge that I am required to pay the fees as established above.

X

_____ *Owner Signature* _____ *Date*

Personal information you provide on this form is collected pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing the service request. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to Sheena Fraser, Manager of Corporate & Legislative Services (sfraser@pemberton.ca or 604-894-6135).

FOR OFFICE USE			
Paid (y/n)	_____		
Date turned off:	_____	Time: _____ am/pm	Initials _____
Date turned on:	_____	Time: _____ am/pm	Initials _____
DISTRIBUTION:	<input type="checkbox"/> Public Works	<input type="checkbox"/> Building Services	<input type="checkbox"/> Residential Owner