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Rocky View Water Co-op Ltd.
25145 Burma Road
Calgary, Alberta T3R 1B8

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WATER SERVICE CONNECTION APPLICATION

REGISTERED OWNER INFORMATION

Name(s): _____ Member Number: _____

Mailing Address: _____ Email: _____

City/Town/Village: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Work Telephone: _____ Fax: _____

Agent/Contractor acting on behalf of Registered Owner: _____

Work Telephone: _____ Email: _____

PROPERTY INFORMATION

Lot Number: _____ Block: _____ Plan: _____

Street or Municipal Address: _____

DESCRIPTION

Subdivision Additional Dwelling Unit New Service Connection to main New connection to existing curbside

Description of request: _____

Rocky View County notification required? (Ground disturbance in County ROW) YES NO

Contractor: _____ Phone #: _____

Contractor Supplied Drawings with measurements (Required) YES NO

SIGNATURES

I/We the undersigned declare that I am the registered owner or I am authorized to act on behalf of the registered owner, and that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of facts relating to this application.

Signature(s): _____

Date: _____

Date: _____

OFFICE USE ONLY

Date of receipt of completed form: _____

File No: _____

Current Co-op Member Yes No

New Service Connection Checklist

N/A	YES	Item
<input type="checkbox"/>	<input type="checkbox"/>	Membership Application
<input type="checkbox"/>	<input type="checkbox"/>	Property Developer Information
<input type="checkbox"/>	<input type="checkbox"/>	Terms and Conditions of Service
<input type="checkbox"/>	<input type="checkbox"/>	Service Connection Specifications
<input type="checkbox"/>	<input type="checkbox"/>	Standard Easement Drawing
<input type="checkbox"/>	<input type="checkbox"/>	RVWC Design Specifications and Guidelines
<input type="checkbox"/>	<input type="checkbox"/>	Water Service Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Rocky View County Approval
	<input type="checkbox"/>	Developer and/or Contractor Notified of Authorization

Date: _____ Time: _____