## APPLICATION FOR CONNECTION TO RM OF DUNDURN WASTE WATER UTILITY

Property Owner Information:		
Name:		
Phone:		
Email Address:		
Mailing Address:		
Location or Waster Water Connection	on:	
Conditions of Permit:		
·	ed ed by: RM of Dundurn appoint	ted designated officer.
Cost of Permit: \$100.00 Payable to Paid Date: Receiv		Jundurn, SK SUK 1KU
Inspected by:		
Inspected by:		Tank Inspection
Hook up Date:		
Print name of above: Signature of above:		
Signature of above		
Any unforeseen circumstances resu	ulting a damage to personal or	property not owned by RM of
Dundurn and or Dundurn Waste W		
		u seek professional assistance from
your contractor.		
Applicant Name (Please Print)	Application 5	Signature