## Same Day Water On/Off Request

**IMPORTANT:** If your request is an emergency, please contact the City of White Rock Engineering and Municipal Operations Department.

Instructions: Please email completed form to water@whiterockcity.ca. Please allow at least 48 hours notice from the time of full payment is required when requesting water to be turned on/off

**Applicant Information** 

Name of Property Owner(s):_				
Property Address:		<b>.</b>		
	5	itreet Name		
City	Province		Postal Code	
Primary Phone:		E	nail:	
Secondary Phone:				
Reason for turning water on/				
Date requested water on:	I	Preferred time:	a.m. / p.m.	
Date requested water off:	I	Preferred time:	a.m. / p.m.	
Date	(Name: Please Print)		(Applicant Signature)	
	For Offic	e Use Only		1
Amount Received:		Date Paid:		
Notes:				
Staff Initials:	GIS Request:		WO#	
N.				
Engineering and Municipal P: 604.541.2181   F: 604.541 877 Keil Street, White Rock B	2190	V	WHITE RO My City by t	CK the Se
City of White Rock				U

15322 Buena Vista Avenue, White Rock BC, Canada V4B 1Y6

www.whiterockcity.ca