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

Name of Property Owner(s):_		Information	
Property Address:		Street Name	
		Street Name	
City	Province		Postal Code
Primary Phone:		Email:	
Secondary Phone:			
Reason for turning water on/	off:		
Date requested water on:		_Preferred time:	a.m. / p.m.
Date requested water off:		_Preferred time:	a.m. / p.m.
Application Fee(s):			
\$58.00			
Date	(Name: Please Print)		(Applicant Signature)
	For Offi	ce Use Only	
Amount Received:		Date Paid:	
Notes:			
Staff Initials:	GIS Request:	:	WO#

Engineering and Municipal Operations

P: 604.541.2181 | F: 604.541.2190 877 Keil Street, White Rock BC, Canada V4B 4V6

City of White Rock

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



www.whiterockcity.ca