



Town of View Royal Sewer User Fee Adjustment for Water Leaks Application Form

APPLICANTS NAME: ACCT NO.:

MAILING ADDRESS: POSTAL CODE:

PROPERTY ADDRESS: if different

TELEPHONE: CELL: FAX: EMAIL:

Cause of leak:

Date leak discovered: Date repaired:

Repairs done by:

Receipts attached, OR Copy of CRD Water bill showing a leak adjustment for consumption period

PLEASE NOTE: YOUR ACCOUNT WILL BE REVIEWED. IF AN ADJUSTMENT IS WARRANTED IT WILL BE CALCULATED BELOW AND REDUCED BY A \$25.00 ADMINISTRATION FEE.

SIGNED: _____ DATE:

Personal information collected on this form is collected for the purpose of processing this application and for administration and verification. The personal information is collected under the authority of the *Local Government Act* and TOVR bylaws. If you have any questions about this collection, contact the Town by phone 250-479-6800, or Town Hall at 45 View Royal Avenue. Personal information or business information submitted on this form is not considered to be supplied in confidence.

This section is for TOVR use only

Type of Leak: * Non-Sewer Affected Leak * Sewer Affected Leak

Original Sewer Bill Amount _____

Administration Fee \$ 25.00 _____

Customer's 3 Year Historical Average Consumption _____ \$ _____
(average m3) (average m3 at current year \$/m3)

Amount of Amended Sewer User Fee: \$ _____

Adjustment or Refund to be applied to account \$ _____

Refund / Invoicing Approved by _____
(Director of Finance)

Date: _____