



M. D. OF GREENVIEW NO. 16
POLICY & PROCEDURES MANUAL

Section:
**ENGINEERING &
ENVIRONMENTAL
SERVICES**

POLICY NUMBER: EES 10

POLICY TITLE: WATER METER INVOICING

Page 1 of 1

Date Adopted by Council / Motion Number:

10.03.824

PURPOSE:

To establish a system of metering water usage and applying usage charges to account holders.

POLICY:

The M.D. of Greenview will provide water meters to all residential, institutional, commercial and industrial water users obtaining water through M.D. of Greenview water systems in DeBolt and Ridgevalley.

The property owners will be responsible for the payment for the amount of water used by themselves or their tenants.

All users are required to enter into an agreement to receive water from the M.D. of Greenview (see attached). Failure to pay the invoice within 60 days of billing may result in the disconnection of the water service until the water invoice is paid in full or the outstanding balance may be applied against the taxes on the property and the owner will be notified.

(Original signed copy on file)

REEVE

C.A.O.



WATER AND SEWER INSTALLATION APPLICATION

APPLICATION NO: _____

The personal information on this form is being collected for the purpose of processing the Application for Water and Sewer installation under the authority of the Municipal Government Act, or if no specific legislation applies it is under the Freedom of Information and Protection of Privacy Act, Section 32(c), or both, if you have any questions about the collection, contact the Municipal District of Greenview FOIP Assistant at 780.524.7600

FOR OFFICE USE ONLY

| | | |
|-------------|-------------|-------------|
| RECEIPT NO. | HOOK-UP FEE | DEPOSIT FEE |
| | | |

SECTION 1: TO BE COMPLETED BY APPLICANT

| | | | | |
|--------------------------------|--------------------------------|--|----------------------------------|----------------------------|
| TYPE OF INSTALLATION | | | TO BE INSTALLED IN THE HAMLET OF | PROPOSED INSTALLATION DATE |
| <input type="checkbox"/> WATER | <input type="checkbox"/> SEWER | <input type="checkbox"/> WATER & SEWER | | |

NAME AND ADDRESS OF APPLICANT

| | | | | | |
|--|----------------|-----------------|-----------------------------------|----------------|-----------------|
| Name | | | Name of Registered Property Owner | | |
| Mailing Address | | | Mailing Address | | |
| City, Town, Village, Etc. | | | City, Town, Village, Etc. | | |
| Postal Code | Telephone(Bus) | Telephone (Res) | Postal Code | Telephone(Bus) | Telephone (Res) |
| Provide name of Occupant if Different From Registered Property Owner | | | | | |

PROPERTY LOCATION

TYPE OF BUILDING

| | | | | |
|-----------------|-------|--------|------------------------------------|--|
| Registered Plan | Block | Lot(s) | <input type="checkbox"/> Residence | <input type="checkbox"/> Other (Specify) |
|-----------------|-------|--------|------------------------------------|--|

DATE

SIGNATURE OF REGISTERED PROPERTY OWNER

SECTION 2: MUNICIPAL DISTRICT DECISION

TAKE NOTE that the above application has been:

APPROVED with the attached conditions

REFUSED for the attached reasons

DATE

SIGNATURE OF INSPECTOR

SECTION 3: TO BE COMPLETED BY INSTALLER (Please Read the Conditions on the Attached Sheet)

| | | |
|-------------------------|---------------------|---------------------|
| Name of Installer: | Plumbing Ticket No. | Plumbing Permit No. |
| Name of Firm/Company | Telephone No. | |
| Address of Firm/Company | Postal Code | |

I CERTIFY THAT THIS INSTALLATION WILL BE COMPLETED IN ACCORDANCE WITH THE REGULATIONS OF THE PLUMBING AND DRAINAGE ACT AND THE CONDITIONS, AS LISTED ABOVE, OF THE MUNICIPAL DISTRICT.

DATE

SIGNATURE OF INSTALLER

SECTION 4: TO BE COMPLETED BY M.D. INSPECTOR PRIOR TO THE CLOSING OF THE TRENCH

DATE OF INSPECTION: _____ DATE SERVICE TURNED ON: _____

Comments: _____



MUNICIPAL DISTRICT OF GREENVIEW No. 16

APPLICATION FOR WATER AND/OR WASTEWATER SERVICE FOR EXISTING ACCOUNTS FOR LANDOWNERS

The personal information on this form is being collected for the purpose of processing the Application for Water and/or Wastewater Service under the authority of the Municipal Government Act, or if no specific legislation applies it is under the Freedom of Information and Protection of Privacy (FOIP) Act, Section 33(c), or both. If you have any questions, contact the Municipal District of Greenview FOIP Co-coordinator at 780-524-7600.

Type of Service:

- Water
- Wastewater
- Both

For Office Use Only:

Date _____

Deposit _____

Receipt No. _____

Account No. _____

SERVICE IS TO BE: CONNECTED / DISCONNECTED: _____
(CIRCLE ONE) DATE

METER READING _____

TYPE OF METER: METRIC / IMPERIAL NUMBER OF DIALS _____
(CIRCLE ONE)

NAME AND ADDRESS OF LANDOWNER:

NAME: _____

ADDRESS: _____

TOWN/HAMLET: _____

POSTAL CODE: _____

PHONE: _____ (RES) _____ (WRK)

PROPERTY LOCATION:

REGISTERED PLAN: _____ BLOCK: _____ LOT(S) _____

****PLEASE NOTE****
\$100.00 DEPOSIT IS REQUIRED BEFORE ANY HOOK-UPS WILL BE DONE

DATE

SIGNATURE OF LANDOWNER

| Administration Office | Operations Building | Family & Community Support Services | Grovedale Sub-Office | Grande Cache Sub-Office |
|---|---|--|--|--|
| Box 1079, 4806-36 Ave Valleyview, AB T0H 3N0 Phone: 780.524.7600 Fax: 780.524.4307 | Box 1079, 4802-36 Ave Valleyview, AB T0H 3N0 Phone: 780.524.7602 Fax: 780.524.5237 | Box 1079, 4707-50th Street Valleyview, AB T0H 3N0 Phone: 780.524.7603 Fax: 780.524.4130 | Box 404, Lot 9, Block 1, Plan0728786, Grovedale, AB T0H 1X0 Phone: 780.539.7337 Fax: 780.539.7711 | Box 214, 10028-99st Street Grande Cache, AB T0E 0Y0 Phone: 780.827.5155 Fax: 780.827.5143 |
| Toll Free: 1.888.524.7601 | | | www.mdgreenview.ab.ca | |