



Department of Operations
 1593 Four Mile Creek Road
 P.O. Box 100, Virgil, ON L0S 1T0
 905-468-3266 • Fax: 905-468-1722

www.notl.com

WASTE WATER SERVICE APPLICATION

Name (Applicant): _____ Name (Owner): _____

Mailing Address: _____

Postal Code: _____ Telephone: _____

E-mail: _____ Fax: _____

NOTE: The subject location must front a sewer main at the time of application. The application is for that portion of the lateral sewer from the main sewer to the closest property line and includes the installation and inspection thereof by the Corporation of the Town of Niagara on the Lake. It is understood that the applicant will be responsible for the installation of the lateral from the property line to the structure or outlet concerned. The Corporation of the Town of Niagara-on-the-Lake reserves the right to tap the main at any point as determined by the Town. All applications are subject to approval by the Town of Niagara-on-the-Lake.

I hereby agree to abide by the by-laws, rules and regulations of the Public Works Committee, and the Council of the Town of Niagara-on-the-Lake, as existing or as may be adopted from time to time. I acknowledge this being a deposit only and that I am responsible for the actual cost of the service installation including restoration cost.

Signature: _____ Date: _____

For Office Use Only (Waste Water Service – WS) DATE: _____

Service Location: _____

Size Requested: _____ Calculation Required: Yes No

Tapping Deposit: \$ _____

Deposits: \$ _____ for _____

\$ _____ for _____

\$ _____ for _____

Total Deposit: \$ _____ Receipt #: _____

This property will connect to a sanitary sewer: Yes No

Approved By: _____

Comments: _____