



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](http://www.notl.com)

### WATER SERVICE APPLICATION - 2024

Name (Applicant): \_\_\_\_\_ Name (Owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

NOTE: The subject location must front a water main at the time of application. The application is for that portion of the water service from the main to the closest property line. It is understood that the applicant will be responsible for the installation and the maintenance of the service from the property line to the structure. 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 understand that the Town of Niagara on the Lake shall at no time be under any liability for reason of a failure in the supply of water or by reason of an inadequate supply of water or by reason of the Town restricting the supply of water or refusing to supply water, or by reason of any other matter or thing set forth in the current [Water Management By-Law](#).

I hereby agree to abide by the by-laws, rules and regulations of Public Works, 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 (Water Service – WS)**

**DATE:** \_\_\_\_\_

Service Location: \_\_\_\_\_

Size Requested: \_\_\_\_\_ Calculation Required: ☐ Yes ☐ No

Tapping Deposit: \$ \_\_\_\_\_

Deposits: \$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

Total Deposit: \$ \_\_\_\_\_ for \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

This property will connect to a watermain: ☐ Yes ☐ No

Approved By: \_\_\_\_\_

Comments: \_\_\_\_\_