

## BUILDING TURNOVER INFORMATION FOR UTILITIES

Please **contact our office for a final meter read** and complete Parts 1, 2 and 3 in full. Return this form and accompanying materials to the address/fax above to the attention of the Mechanical Utilities Manager. For assistance please call Erin Kastner at (604) 822-1333.

PART 1 – Contact Information of Person Completing Form						
	ame: Cor el: Alte					
PART 2 – Building Contact and Customer Billing Information						
Building Name:						
Building Address:						
Building Contact N	ame:		Title:			
Contact Phone #: _						
Customer Billing Information						
Contact Name: Contact				#:		
Company:						
Mailing Address:						
PART 3 – Checklists a) Backflow test reports attached? b) Water meter pro-read installed?						
□ Drinking water supply			☐ YES ☐ NO If no, provide expected date of installation and a key			
□ Fire Protection			for temporary access to meter (security deposit v not be returned until this requirement is met)  (DD-MM-YY)			
□ Irrigation		(DD				
Outside irrigation chamber		(00				
		c) Temp back Services?	flow device re		ergy & Water	
Office use only: Date Readings Taken (DD-MMM-YY):						
SERVICE	METER LOCATION*	SERIAL #		READING		
WATER			(High)	(Low)	Pro-read working? (Y/ N)	
GAS						
ELEC				(mx	c. dem.)	
STEAM/Hot			(GT)/(MWh)			

Water