



FOR OFFICE USE ONLY
Application No. _____

SERVICE ESTIMATE APPLICATION

The Service Estimate fee is \$260.00+HST. The City of Cambridge maintains the right to all construction activities in the Municipal Right-of-Way. At no time will a private contractor be allowed to work in the ROW without written confirmation and the applicable permits, insurances, securities/fees in place.

OWNER CONTACT INFORMATION:

Owner Name: _____ Company: _____ Suite: _____
 Owner Street Address: _____ City: _____ Province: _____ Postal Code: _____
 Telephone: _____ Email: _____

APPLICANT CONTACT INFORMATION: *(If Applicant Different From Property Owner)*

Owner Name: _____ Company: _____ Suite: _____
 Owner Street Address: _____ City: _____ Province: _____ Postal Code: _____
 Telephone: _____ Email: _____

<u>SERVICES REQUIRED:</u> <i>(check all that apply)</i>	Size of service(s)
<input type="checkbox"/> Sanitary	_____mm
<input type="checkbox"/> Storm	_____mm
<input type="checkbox"/> Water	_____mm
<input type="checkbox"/> Existing Water Service Cut and Cap	_____mm

PROPOSED LOCATION OF SERVICE(S): *(Servicing plan must also be submitted for approval, if no plan is available please provide a sketch with approximate location of services.)*


Address: _____

LOT TYPE

SINGLE FAMILY DETACHED SEMI-DETACHED DUPLEX MULTI – 6 or LESS
 MULTI – 7 OR MORE COMMERCIAL INDUSTRIAL OTHER _____

I hereby confirm that the information provided in this Service Estimate Application, and any attachments, is complete, true and accurate.

DATED AT _____ THIS _____ DAY OF _____, 20____


 SIGNATURE