



COLUMBIA SHUSWAP REGIONAL DISTRICT

PO Box 978, 555 Harbourfront Drive NE, Salmon Arm, BC V1E 4P1 | T: 250.832.8194 | TF: 1.888.248.2773 | www.csr.bc.ca

CSR WATERWORKS RATES AND REGULATION

APPLICATION FOR USE OF BOOSTER DEVICE

Last Name:		First Name:	
Address:			
Telephone:		Email:	
Type of Device:			
Address of Property:			
Name of Water System:			

For the purpose of increasing water pressure to my premise, I hereby make Application for Use of a Booster Device pursuant to Columbia Shuswap Regional District Waterworks Rates and Regulations Bylaw and declare the information contained herein is to the best of my knowledge, factual and correct.

I acknowledge that prior to my application being approved, I will require an on-site inspection of the booster device by the Columbia Shuswap Regional District.

I agree to comply with the provisions of CSR Waterworks Rates and Regulation Bylaw if my application is approved.

Date: _____

Signature: _____