

Completed By	
(office use)	

Date:	Ut	Utility Account # Phone		
Civic Address				
below. I am applying I understand that al	g for the family water rate p I members must be my imm . (Dependant children living in tw	provided by the City onediate family consisting	sidence and reside with my family as listed f Parksville for large families of 5 or more. ing of spouse or common law partner and wice as dependants to create a 2 nd large family	
Names	Relationship		Proof of Residency	
Adults in Household	d			
1				
2	<u>-</u>	_		
Names	Relationship	Birth Dates	Identification (birth certificates, legal guardianship\adoption documents or post secondary registration)	
Dependants (under 1	1.8 years of age)			
_	time attendance at senior or post second		-	
2				
3				
4	<u>-</u>			
5				
•	being returned to the stan		and that any false information could result aware that I <u>must</u> apply each year to	

Signature Print Name