

Union Bay Improvement District

LEAK ALLOWANCE REQUEST

I, _____ request a leak allowance for the time period of _____. I understand that a one-time leak allowance may be granted for a five-year time period. Any further leaks on the customer side of the property will be my responsibility. Extreme circumstances could be addressed with the trustees for their decision.

The necessary repairs have taken place for the property known as:

Date: _____ Signature: _____

Name: (please print): _____

Contact Information: Telephone: _____ email: _____

Other Information: _____

Allowance Granted: yes no

Allowance Amount: _____

Processed: _____

Please return the completed form along with all applicable receipts for repairs to:

Union Bay Improvement District
Box 70, 5579B. South Island Highway
Union Bay, BC V0R 3B0
Attention: Kevin Douville, Administrator

Or via e-mail: admin@union-bay.ca