

RETURN THIS FORM WITH RECEIPTS TO:
 ECOSUPERIOR, 562 Red River Road, Thunder Bay, ON P7B 1H3

APPLICANT INFORMATION

NAME		
CURRENT ADDRESS		EMAIL
TELEPHONE (HOME)	TELEPHONE (WORK)	WATER ACCT. #

CUSTOMER CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> All receipts for materials attached. | <input type="checkbox"/> A copy of the CTB plumbing final inspection form is attached. |
| <input type="checkbox"/> All receipts for labour attached. | <input type="checkbox"/> All downspouts are disconnected from the CTB sewer system. |

INSTALLER INFORMATION

COMPANY NAME			
COMPANY ADDRESS			POSTAL CODE
PHONE	EMAIL	FAX	
NAME OF INSTALLER		LICENSE #	INSTALLATION DATE

WORK COMPLETED

SUMMARY OF WORK COMPLETED	
BACKFLOW PREVENTION <input type="checkbox"/> YES <input type="checkbox"/> NO	MODEL
SUMP PUMP/DRY WELL INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO	MODEL
WEEPING TILE DISCONNECTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS
INSTALLATION OF NEW STORM SEWER CONNECTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS
WAS ADDITIONAL WORK DONE? (By installer only) PLEASE PROVIDE DETAILS:	

The above work was completed after May 29, 2012 by a licensed plumbing contractor for the purpose of alleviating household drainage problems and reducing the risks of flood damage to the property.

HOMEOWNER SIGNATURE: _____

FOR OFFICE USE ONLY To be completed by authorized CTB representative only.

ACCOUNT # VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	IN GOOD STANDING <input type="checkbox"/> YES <input type="checkbox"/> NO	ON PIPED WATER SUPPLY <input type="checkbox"/> YES <input type="checkbox"/> NO
REBATE AMOUNT Backflow Prevention: \$ _____ Sump Pump/Dry Well: \$ _____ Weeping Tile Disconnect: \$ _____		
APPROVED BY	DATE	DATE TO REVENUE
WATER ACCOUNT IN ARREARS <input type="checkbox"/> YES <input type="checkbox"/> NO	ILLEGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	INSTALLER NOT APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO
INCOMPLETE APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER:
DISAPPROVED BY	DATE	COPY SENT TO APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO
		APPLICANT PHONED: <input type="checkbox"/> YES <input type="checkbox"/> NO