

**COLUMBIA SHUSWAP REGIONAL DISTRICT WATERWORKS
REGULATIONS AND RATES BYLAW NO. 5632**

SCHEDULE "F"

APPLICATION FOR USE OF BOOSTER DEVICE

Name of Applicants/Owners: _____

Contact Information: _____

Type of Device _____

Physical 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 Columbia Shuswap Regional District Waterworks Regulations and Rates Bylaw if my application is approved.

Date: _____ Signature: _____