## **TOWN OF LAKE COWICHAN**



## **Public Works Permit/Payment Report**

ROLL N	O (if applicable):	PERMIT No. (if applicable):	DATE:		
REQUEST FOR: Bench		Work on Owner Property	Other		
TAXPAYER INFORMATION					
FULL NAME:		MAILING ADDRESS:			
PHONE: FAX:					
EMAIL:		CITY:	POSTAL CODE:		
LOCATION AND DESCRIPTION OF WORKS					
PROPERTY STREET ADDRESS OR DESCRIPTION:					
COMMITMENT BY TAX PAYER/ C	CONDITIONS OF PERM	MIT:			
	PAYMENT I	NFORMATION			
Office use only: <b>Deposit amount to be paid:</b> Actual cost upon Completion		DEPOSIT AMOUNT PAID :			
Office use only: Amount to be paid:		AMOUNT PAID:			
Print Name:	Signature:		Date:		
Superintendent of Public Works	Signature:		Date:		
This form in no way constitute the work specified. Circumsta	nces may exist or a	arise that cause the Town	to not proceed. Should th		

work proceed, this form would be the basis of billing for said works. If unpaid, the amount will be added to taxes at year-end and charged interest from that point. This form is simply for information and administrative purposes only.

Office use only:	
Date faxed to PW (after payment received):	