Additional Connection Permit (ACP) Application

Applicant information:

Name:					
Town or City:	Province:	_ Postal code:			
Website:					
Owner information: (if different from above)					
Name:					
Email address:					
Mailing address:					
Town or City:	Province:	Postal code:			
Requested service:					
□Sanitary sewer connection	\Box Water service connection	\Box Storm service connection			
Service address:					
Side of street:					

Corporation of the Town of Midland



Lot number:		_ Plan number:		
Cross streets:				
Service size and type:				
□Residential	□Commercial	□Industrial		
Domestic water service	mm	Fire water service	mm	
Sanitary service	_mm	Storm service	mm	
Requested service size will be subject to review and approval by Midland Engineering Department.				

Declaration: I have read and followed all requirements in the ACP Procedure document.

If the applicant is a corporation acting without an agent or solicitor, the application must be signed by an office of the corporation and the corporation's seal (if any) must be affixed.
I ______ am the owner of the land that is the subject of the application for an Additional Connection and I authorize ______

to make this application on my behalf.

Applicant/Owner authorized signature: _____

Freedom of information:

Personal information collected on this form is pursuant to Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will be used for the purposes of this application. Questions about this collection should be directed to Town Clerk, Town of Midland, 575 Dominion Avenue, Midland, Ontario L4R 1R2. Telephone (705) 526-4275.

Applicant/Owner authorized signature: _____

Your application is now complete.

Please send applications to engineering@midland.ca

Town of Midland - Engineering 575 Dominion Avenue Midland, ON. L4R 1R2