

## UTILITIES SERVICE ALTERNATE INVOICE ALLOCATION REQUEST

'Waterworks Regulation Bylaw No. 3204, 2019'

Section 45.1: In the case of a duplex that contains two separ four or less legal parcels, which otherwise wou charges for the parcels and issue a bill to each that the Collector may alter the allocation of th	ld not coll parcel ow	ect strata fees, the Collector will oner for an equal proportionate sha	calculate the total billing are of the total bill, except
SECTION 1			
DUPLEX (2 UNITS)			
<ol> <li>Is the property a duplex (2 units) with two Pursuant to Bylaw 3204, Section 45.1, a duplex of the total bill to each owner.</li> </ol>			Yes No No Natically be invoiced for 50%
2) Do both parties wish to alter this allocation	า?		Yes No
If no, you do not require an Alternate	Invoice All	ocation and therefore there is no	need to fill out this form.
If yes, please indicate the requested A	lternate Ir	voice Allocation:	
Owner 1	%		
Owner 2	%		
The allocation must equal 100%	L <b>00</b> %		
Please complete <b>SECTION 3</b>			
SECTION 2			
BARE LAND STRATA (3 OR 4 UNITS)			
1) Is the property a Bare Land Strata with 4 or less units on a shared meter?			
If yes, do you currently collect strata fe	ees?		
Pursuant to Bylaw 3204, Section 45.1, if you cu and the invoice will be sent to your strata corp If no, you do NOT collect strata fees, yo UNLESS <u>all</u> owners wish to alter the allocation.	oration; thou will reco	nerefore, you do not need to fill o	ut this form.
2) Do all owners wish to alter this allocation?			Yes No
If no, you do not need to apply for an A			to fill out this form.
If yes, please indicate the requested Al	lternate In	voice Allocation:	
Owner 1		%	
Owner 2		%	
Owner 3		%	
Owner 4		%	
The allocation must equal 100%	100	%	
Please complete <b>SECTION 3</b>			

## **SECTION 3**

duncan@duncan.ca or phone: 250-746-6126.

Please note that all property owners must sign this form agreeing to the invoice allocation as requested above. If all owners agree, the City of Duncan will invoice each property owner directly based on the above noted allocation.

By signing below, you declare that you are the registered owner (<u>not</u> a renter) of the property and consent to the billing allocation as described in SECTION 1 or 2.

billing allocation as described in SECTIO	N 1 Or Z.			
CONTACT INFORMATION – Owner 1	_			
Name:	_	Are you the registered owner?	Yes	☐ No
Property Address:		Phone No.:		
Mailing Address:				
Signature		Date		
CONTACT INFORMATION – Owner 2				
Name:	_	Are you the registered owner?	Yes	☐ No
Property Address:		Phone No.:		
Mailing Address:				
Signature		Date		
<b>CONTACT INFORMATION</b> – Owner 3				
Name:	_	Are you the registered owner?	Yes	☐ No
Property Address:		Phone No.:		
Mailing Address:				
Signature	_	Date		
<b>CONTACT INFORMATION</b> – Owner 4				
Name:	_	Are you the registered owner?	Yes	☐ No
Property Address:		Phone No.:		
Mailing Address:				
Signature		Date		
OFFICE USE ONLY				
	_			
☐ Vadim Updated	Date Received:			
Personal information you provide on this form is collect				
used for the purpose of processing this application. You Protection of Privacy Act. Questions about the collection	· · · · · · · · · · · · · · · · · · ·	•		