

Municipal Consent Requirements
for the Installation of Services
within the City of Toronto Streets

Appendix L
Request for New Applicant Code For Utility Cut Permit System

Company: _____

Corporate Name: _____

Name to be associated with applicant code:

(Maximum 40 Characters)

Please provide the address to which all correspondence regarding the Utility Cut Program is to be directed (for this Applicant Code). Copies of the permits will also be forwarded to this address. If you wish correspondence to be sent to the attention of a particular individual or department, please provide this information as a "contact" reference.

Address: _____

Postal Code: _____

Phone No.: _____

Fax No.: _____

Contact: _____

If invoices (for the Applicant Code) are to be sent to a different address from the one above, please provide the billing address on the back of this form.

Your Name: _____

Position: _____

Phone No.: _____

Signature: _____

Applicant Codes consist of three numbers and/or letters. Codes will be assigned by the Transportation Department; although consideration will be given for individual preference. Please indicate a preferred code: _____

FOR OFFICE USE ONLY

Applicant Code: _____

Authorized: _____

Date: _____