

MUNICIPAL DISTRICT OF PEACE NO. 135 BULK WATER DISPENSING APPLICATION

CU	STOMER INFORMATION	ON (PLEASE PRINT)		
	LAST NAME	FIRST NAME	MIDDLE INITIAL	
	BUSINESS NAME			
	MAILING ADDRESS	CITY/TOWN	PROV	POSTAL CODE
	HOME PHONE	BUSINESS PHONE	CELL PHONE	EMAIL
GE	NERAL INFORMATION	I		
1.	IS YOUR RESIDENCE LOCATED WITHIN THE MD OF PEACE? YES NO			
2.	IF YES, LEGAL DESCRIPTION OF LOCATION OF RESIDENCE:			
3.	3 DIGIT ACCESS #:			
4.	CUSTOMER 4 DIGIT PIN #:			
5.	CUSTOMER I.D.#(A/R ACCT.# FOR OFFICE USE)			
TE	RMS & CONDITIONS			
The	tre at McInnis and/or \$5.00 above noted rates may ch	O/cu.m. in Brownvale. ange from time to time in t	he annual Fees & Cha	
	customer agrees that he/s said location entirely at the	she and his/her servants and eir own risk.	d agents will use the tr	uck fill facility and water at
	_	number and paying a \$50.00 Ilk water dispensing fee cha		ion fee, I understand that I
SIGNATURE OF CUSTOMER		SIGNATURE OF WITNES	S	DATE
RECEIPT #		COMMENCEMENT D	ATE	DISCONNECTION DATE
NOT	ES:			