



## BULK WATER APPLICATION FORM

---

### Basic Information

Company/Individual Name:			
Contact Person:			
Street Address:			
Town/City:			
Province:		Postal Code:	
Phone:		Fax:	
Cell:		Email:	
Are you a landowner in the Town of Two Hills?	Yes / No	If yes, what is your tax roll #:	

### Maximum Monthly Volume (if necessary)

Do you want be limited to a monthly maximum volume?	Yes / No	_____ m3/month
---	----------	----------------

### Multiple Units (if necessary)

Unit #/Driver's Name	Licence Plate #	Capacity (m3)

Assigned Access Number \_\_\_\_\_

Assigned PIN \_\_\_\_\_