



## BULK WATER APPLICATION

APPLICANT	PLEASE PRINT CLEARLY	BILLING ADDRESS
NAME:	_____	NAME: _____
ADDRESS:	_____	ADDRESS: _____
	_____	_____
PHONE NO.	_____	_____
CELL NO.	_____	EMAIL ADDRESS: _____

**BULK WATER DISPENSER LOCATION:**

- ☐ BRIGDEN - Mill St.  
☐ PUBLIC WORKS CENTRE, RR#1 Mooretown

**WATER TO BE USED FOR:**

- ☐ RE-SALE  
☐ DOMESTIC (Drinking)  
☐ AGRICULTURAL \_\_\_\_\_  
☐ OTHER (Specify) \_\_\_\_\_

**Vehicle Information**

Truck Make/Model	Tank Capacity		Vehicle # Assigned
_____	_____	<input type="checkbox"/> Imp. Gal. <input type="checkbox"/> Cubic metres	_____
_____	_____	<input type="checkbox"/> Imp. Gal. <input type="checkbox"/> Cubic metres	_____
_____	_____	<input type="checkbox"/> Imp. Gal. <input type="checkbox"/> Cubic metres	_____
_____	_____	<input type="checkbox"/> Imp. Gal. <input type="checkbox"/> Cubic metres	_____

**Operator Name (print)****Operator Number**

_____	_____
_____	_____
_____	_____
_____	_____

- RESTRICTIONS:**
- 1.) NO DIRECT FILLING OF CHEMICAL SPRAYERS.
  - 2.) PROPER FITTINGS MUST BE USED TO CONNECT TO FILL PIPE.
  - 3.) BOTTOM FILLING TANKS MUST BE EQUIPED WITH A CHECK VALVE.
  - 4.) CUSTOMERS ARE RESPONSIBLE FOR ALL WATER TAKEN FOR POTABLE USE

I hereby apply to the Township of St. Clair to use the bulk water dispenser at the location indicated above, and agree to comply with all the conditions and restrictions which apply. I understand that failure to do so could result in termination of this service without notice and forfeiture of any deposits paid

APPLICANT NAME: \_\_\_\_\_  
*please print*

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR OFFICE USE**

ACCT.# \_\_\_\_\_

TOTAL FEE PAID: \$ \_\_\_\_\_ ☐ DEBIT ☐ CASH ☐ Cheque # \_\_\_\_\_

CREDIT ACCT. #6-4-090150-0730

REC'D BY: \_\_\_\_\_

DATE: \_\_\_\_\_

SERVICE END DATE \_\_\_\_\_

METER READING: \_\_\_\_\_

☐ FINAL BILL ISSUED ☐ DEPOSIT REFUND PROCESSED

DEBIT ACCT. # 6-4-090150-0730

☐ ACCOUNT CLOSED

COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_