



BULK WATER ACCOUNT APPLICATION

COMPANY NAME: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **P/C:** _____

PHONE: _____ **CELL:** _____

EMAIL: _____

ACCOUNT INFORMATION

3 DIGIT ACCESS#: Assigned by Office _____

4 DIGIT PIN: Provided by Applicant _____

SIGNATURE OF APPLICANT: _____

DATE OF APPLICATION: _____

I agree that by signing this Bulk Water Account application, I accept the Terms and Conditions for use of the Bulk Water Station and acknowledge that prepayment is required to access the dispensing system; See Town of Crossfield Bulk Water Account Management Policy – ADM 01

PRIVACY NOTICE

The bulk water services program collects personal information under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is managed in accordance with the provisions of FOIP. Personal information may be used and shared with external services, provides for registration, administrative, and billing program purposes. If you have any questions about the collection, use or disclosure of your personal information, please contact the Town of Crossfield at 403-946-5565.