

TOWN OF CROSSFIELD BULK WATER ACCOUNT APPLICATION

COMPANY NAME:			
CONTACT NAME:			
MAILING ADDRESS	:		
CITY:	PROV.:	P/C:	
PHONE:	CELL	CELL:	
EMAIL:			
ACCOUNT INFORM	<u>ATION</u>		
3 DIGIT ACCESS#:	Assigned by Office:		
4 DIGIT PIN: Provid	ed by Applicant:		
SIGNATURE OF AP	PLICANT:	DATE	

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.