



MUNICIPAL DISTRICT OF GREENVIEW

WATER POINT SUPPLY APPLICATION

I/We _____ of _____
(Applicant name) (Legal Address)

Hereby apply for water supply in accordance with all municipal bylaws pertaining to water supply.

Preferred Water Point Location: _____

Are you the registered landowner of the above address? Yes No

Contact Name: _____ Contact Phone #: _____

Mailing Address: _____

Would you like the invoices emailed to the below email address? Yes No

By agreeing to the above, I understand that invoices will be sent to me by email only.

Email: _____

Residential: Greenview Commercial:
Other (Pre-Paid Only) Credit Account: Pre-Paid Amt

In Consideration of the granting of this service the undersigned agrees:

1. To accept and abide by all applicable Provincial and Municipal legislation in effect relating to these facilities and services.
2. To use respect while operating the bulk water supply equipment and grounds at the facility and to report immediately any damage caused or observed to the Municipal District office (780)524-7600.
3. That under NO circumstances are chemicals or chemical spray equipment allowed on the premises.
4. That the Municipal District of Greenview reserves the right, in their own unfettered discretion, and for any reason, to cancel this account at anytime.

5. Site users acknowledge that sites are **use at your own risk**, these are remote locations that offer 24-hour user access and users will indemnify Greenview and its contractors or agents from liability due to adverse weather conditions from snow, ice buildup, slippery conditions, all inclement weather conditions, flying debris from grounds or building. Slippery conditions may exist.
6. Greenview will not be responsible for damages to users' vehicles, trailers, or equipment. Or third-party property damages.
7. Users will not use contaminated hoses, wash or flush vehicles or tanks on site or load through pumping.

Should the Municipal District of Greenview (Greenview) decide to refuse this application, the application fee will be refunded to the applicant.

Applicant Signature _____ Date _____

Office Use ONLY		
Assigned Access No: _____	Pin No: _____	Customer No: _____
Approved By _____ <small>(Accounts Receivable/Utilities)</small>	Date _____	

Notes: _____
