

## WATER POINT SUPPLY APPLICATION

I/We	of	
(Applicant Name) hereby apply for water supply in accordance with all	(Legal Address) municipal bylaws pertaining to water supply.	
Preferred Water Point Location:		
Are you the registered landowner of the above address? Yes No		
Contact Name: C	Contact Phone Number:	
Mailing Address:		
Would you like the invoices to be emailed? Yes	No	
If you have selected 'Yes', please provide your email address:		
*Note: By agreeing to the above, I understand that invoices will be sent to me by email only.		
Residential Customer Greenview Other	Commercial: (pre-paid only)	
Credit Account:	Pre-Paid Amount:	

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

- To accept and abide by all applicable Provincial and Municipal legislation in effect relating to these facilities and services.
- 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.
- That under NO circumstances are chemicals or chemical spray equipment allowed on the premises.
- That the Municipal District of Greenview reserves the right, in their own unfettered discretion, and for any reason, to cancel or restrict/limit usage for this account at anytime.
- Site users acknowledge that sites are use at your own risk, these are remote locations that offer 24hour 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.



- Greenview will not be responsible for damages to users' vehicles, trailers, or equipment. Or thirdparty property damages.
- Users will not use contaminated hoses, wash or flush vehicles or tanks on site or load through pumping. Users will always maintain an air gap between fill hose and fill equipment.
- Should the Municipal District of Greenview (Greenview) decide to refuse this application, the application fee will be refunded to the applicant.

Applicant Signature:	Da	ate:
C	OFFICE USE ONLY	
Assigned Access No: Approved By:	PIN No	Customer No Date:
Notes:		