Bulk Water Application Form

All Accounts are Pre-Paid

Name / Company:		
Mailing Address:		
City:	Province:	Postal Code:
Contact Name:		
Phone #:	Email Address:	
Signature:	Date:	

Monthly Statement Delivery Preference

Please select **one** option:

- ☐ **Email:** Send a monthly bulk water statement to the email address provided above.
- ☐ **Mail:** Send a monthly bulk water statement to the mailing address provided above.
- ☐ **No Statement:** I do not require a monthly bulk water statement.

Please submit completed form to:

Email: ar@athabasca.ca

Fax: 780-675-4242

Mail: 4705 49 Avenue
Athabasca, AB T9S 1B7

OFFICE USE

Account Number: _____

Access Number: _____

Pin Number: _____

The personal information requested on this form is being collected by the Town of Athabasca under the authority of section 4(c) of the Protection of Privacy Act (Alberta). The information will be used for the purpose of administering the program or service to which this form relates. If you have any questions about the collection of this information, please contact the Town of Athabasca Privacy Officer at 4705 – 49 Avenue, Athabasca, AB T9S 1B7, 780-675-2063.