



# Bulk Water Application Form

All Accounts are Pre-Paid

Name / Company:		
Mailing Address:		
City:	Province:	Postal Code:
Contact Name:		
Phone #:	Email Address:	
Signature:		Date:
I/We grant consent for an authorized person of the Town of Athabasca, to communicate information electronically to the email address provided regarding my/our file.		
Please check all that apply:  Cash Receipts  Bulk Water  General Town Correspondence		

**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: \_\_\_\_\_