



Water Station Account Application

Commercial Account Form

Name: _____

Street Address: _____

City: _____

Postal Code: _____

Business Licence #: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

By completing this form, I am requesting to be an authorized user of the City of Chilliwack's Water Filling Station. I also agree to the annual membership and dispensing fee for Commercial Users as per Miscellaneous rates bylaw 2001, No.2750" Schedule G"

* Office Use Only

Credit
Application

Paid

Comments: _____
