



DISTRICT OF  
**100 Mile House**

BULK WATER STATION ACCESS  
Office: 250-395-2434 P.O. Box 340  
Fax: 250-395-3625 100 Mile House, BC  
V0K 2E0

## BULK STATION PIN # APPLICATION

New Account Access Fee Paid  \$100.00 C/R # \_\_\_\_\_

Commercial  Rural Residential / Unspecified  Industrial

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Make & Model of Vehicles Using the Facilities:

- |    |       |          |       |           |       |      |       |          |       |
|----|-------|----------|-------|-----------|-------|------|-------|----------|-------|
| 1. | _____ | Plate #: | _____ | Capacity: | _____ | PIN: | _____ | Access # | _____ |
| 2. | _____ | Plate #: | _____ | Capacity: | _____ | PIN: | _____ | Access#  | _____ |
| 3. | _____ | Plate #: | _____ | Capacity: | _____ | PIN: | _____ | Access#  | _____ |

**For Office Use Only:**

I/We agree to release and indemnify the District of 100 Mile House, its Council, employees and agents from and against all liability, demands, claims, causes of action, suits, judgments, losses, costs and expenses of whatever kind which I/we or any other person, partnership or corporation or my/our respective heirs, successors, administrators or assignees may have or incur in consequence of or incidental to the granting of this application, if issued, and I further agree to conform to all requirements of the District of 100 Mile House Water Rates & Regulations Bylaw and to pay the fees set out in such Bylaw, and to abide by all other statutes and Bylaws in force in the District of 100 Mile House.

Signature of Applicant / Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Customer ID: \_\_\_\_\_ (Flowpoint)

Client Code: \_\_\_\_\_ A/R Acc Code: \_\_\_\_\_