



## Commercial Water Refill Request

Applicant Name:		Email:	
Business Name:			
Business Address:		Phone Number:	
Owner/Supervisor:			
Operator ID:		PIN Number:	
Amount of Water (dollar value) to be loaded onto Operator ID:			
Please Note: The Bulk Water will be loaded onto the Operator ID after one business day.			
Signature of the Applicant: _____ Date: _____			
<b>Office Use:</b>			
Commercial Bulk Water Exempt from GST/PST		1-WR-71000-000-4600	TOTAL \$
Notes:			
Once Information Updated - Notify by phone or email Check one: Phone OR Email OR No		Date entered into ProFuel:	
Staff: _____			

**CITY OF MAPLE RIDGE**