

Commercial Water Supply Permit

www.mapleridge.	ca	Tel:	604-467-7316	Email: revenue@mapleridge.ca	
Applicant/Busine	ess Name:				
Business Address	5:				
Owner/Superviso	or:				
Email:		Phone Number:			
Dollar value to be	e loaded onto	o Operator ID:			
Signature of the	Applicant:			Date:	
Terms of Bulk	Water Fill St	ation Commerc	ial Water Su	pply Permit	
I understand and agree that I am fully responsible for the safe and proper use of the Bulk Water Fill Station, and that am expected to read and comply with the operating instructions and directions provided at the Bulk Water Fill Station I understand the operator ID supplied for use is the property of the City of Maple Ridge. Any credits applied to the operator ID have no monetary value and cannot to be transferred in any way.					
obtained at the City	of Maple Ridge E ed by Fraser Health	Bulk Water Fill Station as described in the F	n that is intended	transport of any and all potable wate d for domestic purposes shall have ar ment "Guideline for Bulk Water Hauling	
actions, costs, expense	es, losses and liab lue or relating to	ilities of whatsoever k the granting to me o	ind and by whom	lge against any and all claims, lawsuits nsoever brought against the City arising Fill Station Permit, or my compliance o	
Signature of the	Applicant:		Date:		
For Office Use		om GST/PST - 1-W	R-71000-000-46	500	
Notes:				Total: \$	
Notify by:	Phone	Email			
Operator ID:		PIN:			
Date Entered Into ProFuel:			Staff Initial:		