

NORTH SALT SPRING WATERWORKS DISTRICT

CUSTOMER INFORMATION

DATE: _____

OWNER NAME(S)

Last Name #1 _____

First Name #1 _____

Last Name #2 _____

First Name #2 _____

Water Acct. # 00 _____

Parcel Tax Acct. # 764. _____

PHYSICAL ADDRESS

Street _____

Unit # _____

CONTACT INFO

Phone # 1 _____

Phone # 2 _____

Email: _____

I would like e-billing _____

Mailing Address (if different from physical address)

Street _____

Unit # _____

City _____

Postal Code _____

Country _____

EMERGENCY CONTACT

Name _____

Phone # _____

Email _____

Signature

Please print this form and fill it out. You can mail it to us, drop it off at the office or scan and e-mail it.