

NORTH SALT SPRING WATERWORKS DISTRICT

BUSINESS CUSTOMER INFORMATION

DATE: _____

BUSINESS NAME: _____

Change of business name

NEW BUSINESS NAME: _____

CONTACT NAME(S) of PERSON(S) AUTHORIZED TO ACT ON BEHALF OF THE COMPANY

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: _____ Would you like E-billing? _____

Mailing Address (if different from physical address)

Street _____ Unit # _____

City _____ Postal Code _____

Country _____

EMERGENCY CONTACT

Name _____ Phone # _____

Email _____

Signature

(Name – please print)

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.