POTABLE TRUCKFILL
PIN SYSTEM – CUSTOMER REGISTRATION FORM

Name/Company: _____

Mailing Address: _____

_____

Phone #: _____ Fax #: _____ Cell #: _____

Email: _____

Contact Name: _____

User (*Please check*): Resident _____ Non-Resident _____

Facility *(Please check):* Colinton _____ Grassland _____ Wandering River _____

Site Address / Campground *(if applicable*) _____

Tank Capacity (Gal) _____

PIN # (4 Digit – *User to provide):* _____

User # (3 Digit): _____

Assigned By: _____

Accounts in arrears 30 days plus, will be deactivated without notice.
Account non-payment reconnection fee $50.00

Signature of Applicant: _____

Date of Application: _____

Please Note: Account activation may take up to 72 hours after receipt of application.

Personal information is collected under the authority of the Municipal Government Act and in accordance with section 4(c) of the Protection of Privacy Act (POPA). The information will be used for the purpose of administering and managing municipal programs, services, and submissions. If you have any questions regarding the collection, use, or disclosure of this information, please contact the Access to Information (ATI) Coordinator at 780-675-2273 or records@athabascacounty.com.