

BULK WATER PURCHASE APPLICATION AND PERMIT

City of White Sulphur Springs
105 W. Hampton St., PO Box 442, White Sulphur Springs, MT 59645
Phone: (406) 547-3911 Fax: (406) 547-3945 Email: wss@itstriangle.com

Permit Date: _____ Fee(s): \$50.00 Water Rate(s):
Permit Expiration Date: _____ ☐ \$15.00 per 1,000 gallons - City
☐ \$20.00 per 1,000 gallons - County
☐ \$25.00 per 1,000 gallons - Other

CUSTOMER INFORMATION:

Permit Issued to: _____
Mailing Address: _____
Physical Address: _____
Phone Number: _____
Email: _____

VEHICLE INFORMATION:

License Plate Information: (State and #) _____
Tank Volume (in Gallons): _____
Backflow Prevention Mechanism: ☐ Air Gap ☐ Valve ☐ Other _____

Reason for Water: _____

PERMIT INFORMATION:

The permit is valid for: ☐ Single Use ☐ Multiple Use during Period ☐ Multiple Uses within 1 yr of Issue

A separate permit is required for each vehicle filling/transporting City Water under this Permit.

The permit must be in the vehicle any time water is obtained from a City facility.

Public Works staff or VFD must supervise any fill.

CUSTOMER ACKNOWLEDGEMENT:

I understand the water rates. I agree to pay before filling, arrange for invoicing, or pay as I go. Invoicing needs to be paid on or before the last day of the month following issue. I further acknowledge I have been provided with a copy of the City Bulk Water Policy and have reviewed and understand the Indemnity, Liability, Restrictions, and other conditions as stated. I agree to all conditions as they appear in the Policy.

Authorized Signature: _____ Date: __/__/__

For Office Use			
Public Works Division:	Inspected <input type="checkbox"/>	Initials: ____	Date: __/__/__
City Clerk:	<input type="checkbox"/> Paid	<input type="checkbox"/> Invoice	<input type="checkbox"/> Pay per fill
Application fee: \$ ____	Received: ____	Date: __/__/__	Invoice date: __/__/__
Fee Waiver: ____ (Mayor)			