

SCHEDULE "E"

TO BYLAW NO. 08-40-201

COUNTY OF NORTHERN LIGHTS APPLICATION FOR POTABLE WATER HAULING REBATE - REGIONAL TRUCK FILL

| | | NAME AND AI | DDRESS OF APPL | ICANT (Ple | ase Print) | |
|----------------------------------------------|-----------------------------------------------|-----------------------------------------|---------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------|------------------------|
| LAST NAME/CO | OMPANY NAME | | | | FIRST NAME | |
| MAILING ADDRESS PHONE (Res.) | | CITY, TOWN, VILLAGE, ETC. PHONE (Bus.) | | PROV | POSTAL CODE | |
| | | | | | | |
| Truck License P | late Number | | CNL Account N | lumber | | |
| Alberta Health | Food Handling P | ermit # | | | | |
| | | DELI | IVERY INF | ORMAT | TION | |
| | T | | | | | |
| Date | Customer Name | | "Location" Rural Addres | ss/or Legal I | Land Location | Quantity of Water |
| | | | | | | m ³ |
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| | | | | | Tota | al |
| the current Schedule Northern Lights. All | of Fees bylaw. No reballocations must be with | ates are given for delive | ries of water dates e County of Northern | xceeding one y | e) minus the cost of Metered Water ear from the date of application rec es can be applied before invoicing the | eived by the County of |
| Copies of Del | livery Receipts | or Invoices mu | ıst be attacho | ed to this | application. | |
| | | | TOMER ST | | | |
| | - | ceiving the potable | _ | | | 1 |
| claims found to | | audulent in the sole | | | s, and by contacting the residence orthern Lights will void the | |

Signature of Witness

Date

Customer Signature

| FOR OFFICE USE ONLY | | | | | | |
|-----------------------------------------------------------|------------|--|--|--|--|--|
| Account checked for arrears and good standing | □ Yes □ No | | | | | |
| Printout of Truck Fill Charges Attached. | □ Yes □ No | | | | | |
| Dates of Delivery reasonably match Truckfill Charge dates | S | | | | | |
| and Quantities | □ Yes □ No | | | | | |
| Verified by: | | | | | | |