



**Septage Receiving Station
Customer Registration Form**

Customer Information:

Account Activated:

Customer ID (Assigned by office):	
Company Name:	
Street Address:	
City, Province:	
Postal Code:	
Phone Number:	
Fax Number:	
Cell Number:	
Contact Name:	

Vehicle # 1 Information:			
3 digit Access # (assigned by office)		4 digit PIN #:	
Waste Class # (assigned by office)			
Unit # /Driver Name:			
Vehicle License Plate:		Capacity (m3)	

Vehicle # 2 Information:			
3 digit Access # (assigned by office)		4 digit PIN #:	
Waste Class # (assigned by office)			
Unit # /Driver Name:			
Vehicle License Plate:		Capacity (m3)	

Signature of Applicant: _____

Date of application: _____

Your completed form can be mailed to:

Town of Fox Creek, PO Box 149, Fox Creek, AB. T0H 1P0

Faxed: 780-622-4247

email: ru@foxcreek.ca

Please contact the Office at 780-622-3896 if you have any questions or concerns.
