



# CITY OF WEST KELOWNA

Municipal Office:  
3731 Old Okanagan Hwy  
West Kelowna BC V4T 0G7

Tel: 778-797-8850  
Fax: 778-797-1001  
Email: [ub.finance@westkelownacity.ca](mailto:ub.finance@westkelownacity.ca)

## BULK WATER STATIONS USE APPLICATION

### \$35.00 APPLICATION FEE

BUSINESS NAME:  
(IF APPLICABLE)

\_\_\_\_\_

CONTACT NAME:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

EMAIL:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY, POSTAL CODE:

\_\_\_\_\_

ACCESS CODE

(PROVIDED BY CWK) :

\_\_\_\_\_

4 DIGIT PIN:

\_\_\_\_\_

I acknowledge that by signing this form, I am responsible for any charges incurred on my bulk water account. Invoices for charges are billed quarterly. Payments are due 30 days from the date of the invoice. Failure to pay invoices before the due date results in immediate suspension of account privileges. Accounts are not restored until the account is paid in full and current. Interest at a rate of 18% per annum is charged on all accounts outstanding past the due date under the City of West Kelowna Fees and Charges Bylaw No. 0028.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date (m/d/y)*

**Please note:** Payment is accepted by debit, cash, or cheque only. No credit cards. Cheques may be mailed to the address above. Include your business name and "bulk water application" in the memo. *Fee must be paid to complete the application process.*

### OFFICE USE ONLY:

CUSTOMER AR/ID: \_\_\_\_\_

DATE (m/d/y): \_\_\_\_\_



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## BULK WATER STATIONS USE APPLICATION COMMERCIAL TRUCKS

BUSINESS NAME: \_\_\_\_\_

INVOICE ITEMIZED BY TRUCK:  
(IF APPLICABLE)

- |   |       |       |               |     |       |
|---|-------|-------|---------------|-----|-------|
| 1 | TRUCK | _____ | LICENSE PLATE | PIN | _____ |
| 2 | TRUCK | _____ | LICENSE PLATE | PIN | _____ |
| 3 | TRUCK | _____ | LICENSE PLATE | PIN | _____ |
| 4 | TRUCK | _____ | LICENSE PLATE | PIN | _____ |
| 5 | TRUCK | _____ | LICENSE PLATE | PIN | _____ |
| 6 | TRUCK | _____ | LICENSE PLATE | PIN | _____ |
| 7 | TRUCK | _____ | LICENSE PLATE | PIN | _____ |
| 8 | TRUCK | _____ | LICENSE PLATE | PIN | _____ |

### OFFICE USE ONLY:

CUSTOMER AR/ID: \_\_\_\_\_

ACCESS CODE: \_\_\_\_\_

DATE (m/d/y): \_\_\_\_\_