



Lethbridge County Water Key Tag Application Form

This information is being collected under the authority of the Municipal Government Act Section 329 and will be used to update our water card system. It is protected by the Freedom of Information and Protection of Privacy Act. If you have any questions about collection of this information please contact Rick Robinson, County Manager at (403) 328 - 5525.

Company Name

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Last Name**First Name****Middle Initial**

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Street / P.O. Box

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City**Province****Postal Code**

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Business / Home Telephone**Application fee**

	\$25.00
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Application Date**Paid Receipt #****Key Tag Number****Pin #**

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Lethbridge County Key Tag Applicant Agreement

In this agreement "Applicant" means the person or business in whose name a signed water key tag application form has been received and water purchase account established.

1. The applicant may use the key tag to obtain water supplies from any or all suitably equipped Lethbridge County water stations. No other users are permitted.
2. The applicant is liable to the Lethbridge County for all indebtedness, including indebtedness incurred by any person authorized by such applicant.
3. Payments for indebtedness are due when invoice is received no later than 30 days past invoice date.
4. The applicant shall pay interest at a rate no greater than 2% per month on any remaining unpaid after the expiry of 30 days.
5. Payments to reduce indebtedness shall be applied, by the County on old balances prior to posting to current unless otherwise indicated.
6. The key tag is not transferable and remains property of the Lethbridge County at all times. Any key tag may be cancelled and its privileges revoked at any time.
7. The Lethbridge County may cancel this agreement and require immediate payment of the indebtedness, by mailing proper notice to the attention of the Cardholder.
8. The applicant agrees to immediately notify the County if the key tag has been lost or stolen or is used without the applicant's authority. The notification time and date will determine time at which Applicant's liability ceases.

I, _____ certify that the above information is true and that I will be bound by the Applicant Agreement herein specified.

For Office Use ONLY

A/R Number Issued:	Invoice:
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