



CITY OF COEUR D'ALENE WATER DEPARTMENT
3145 N Howard St.
COEUR D'ALENE ID 83815
208-769-2210
FAX 208-769-2336

PERMANENT FILL STATION APPLICATION

DATE _____ Customer _____
 Account _____

NAME _____

ADDRESS _____
 (confirm this is correct for mailing)

CITY _____ STATE _____ ZIP _____

CONTACT _____ OFFICE _____

TITLE _____ TITLE _____

PHONE _____ PHONE _____

ACCESS FEE	\$25.00	AMOUNT	_____
(covers programming/processing/maintenance)		CHECK #	_____
ADJUSTMENTS	\$ _____	ID #	_____
NOTES: _____ _____ _____ _____ _____		PIN #	_____
		ID #	_____
		PIN #	_____
		ID #	_____
		PIN #	_____

- * Access Fee due when ID & PIN numbers are issued.
- * Minimum Usage Fee \$5.00 per month.
- * Billing will be monthly for usage at a rate of \$1.40 per 1000 gallons.
- * Charges will be assessed for station damage caused by improper use.
- * Access Code Re-activation Fee for Delinquent Account \$188.00

The undersigned representative confirms compliance with the above requirements.

Signature _____ Title _____

Printed _____