

M.D. of Opportunity No 17
UTILITIES POLICY

TITLE: TRUCK FILL SERVICES

EFFECTIVE DATE: JUNE 22, 2022

POLICY NUMBER: UT. 2

Purpose of Policy:

This policy is intended to provide a guideline for the establishment of a new keylock account, collection of a deposit, net terms, the disconnection of truck fill services and deposit refunds.

Policy Statements

1. All new truck fill customers must complete and submit an application to the Municipal District prior to the establishment of a utility account.
2. Upon approval by the director of the application, a \$1,000.00 deposit shall be collected in terms of cash, letter of credit or any other security as outlined in Bylaw 2022-07. The account shall not be activated prior to the collection of the deposit fee.
3. All utility accounts shall be due and payable within thirty (30) days of the billing date.
4. In the event a utility account remains unpaid after the thirty (30) day period, the truck fill account shall be disabled by the M.D. Utility Operator after the customer has been sent a FOURTEEN (14) day written notice.

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APPROVED: SEPTEMBER 24, 1997

AMENDED: MAY 26, 2004 (Re-phrase Clause 2 and delete Clause 6)

AMENDED: JUNE 9, 2004

AMENDED: JUNE 22, 2022

MUNICIPAL DISTRICT OF OPPORTUNITY # 17**Opening/Closing Truck Fill Accounts**CALLING LAKE ☐ DESMARAIS ☐ SANDY LAKE ☐ RED EARTH CREEK ☐ CHIP LAKE ☐

DATE: _____

DISCONNECT ☐ CONNECT ☐ RECONNECT ☐ TRANSFER TO NEW LOCATION ☐SHUT OFF FOR COLLECTION ☐ TEMPORARY DISCONNECT ☐**Account Information**

COMPANY NAME: _____

Effective Date

ADDRESS: _____

CITY/TOWN: _____

Signature

POSTAL CODE: _____

Email Address

PHONE#: _____

CUSTOMER ID _____**ACCOUNT#:** _____**SERVICES:**☐ Water**LEGAL DESCRIPTION OF PROPERTY**

PLAN: _____ BLOCK: _____ LOT: _____

CIVIC #: _____ STREET NAME: _____

DEPOSIT : \$1,000.00 Truck FillWATER COST: \$8.80 Per Cubic
Meter

ACCESS CODE: _____

PIN # _____

QUALIFICATIONS & INFORMATION

A minimum fee of \$20.00 is applicable to all truck fill accounts.

MD # 17 Initials: _____

Work Order#: _____

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