



TOWN OF MOUNT GILEAD APPLICATION FOR BULK WATER

*NAME OF BUSINESS: _____

*BUSINESS PHYSICAL ADDRESS: _____

*CITY: _____ STATE: _____ ZIP CODE: _____

*MAILING ADDRESS: _____

*CITY: _____ STATE: _____ ZIP CODE: _____

*BUSINESS CONTACT: _____

*ALTERNATE CONTACT: _____

*FEDERAL TAX I.D. #: _____

*CONTACT NUMBER: _____

*SIGNATURE: _____

FOR OFFICE USE ONLY

DATE: _____ WATER GALLONS: _____

***\$30.00 FEE UPFRONT
***\$8.29 THEREAFTER PER 1,000 GALLONS