

**To apply for access for your Company to the Clover Bar Wastewater Transfer Station please fill out the information below and either click on the Submit Form button, or save the completed form and email it to [UtilitiesCBTS@strathcona.ca](mailto:UtilitiesCBTS@strathcona.ca)**

Company Name \_\_\_\_\_

Company Address

\_\_\_\_\_  
Street and Number City/Town Province Postal CodeCompany Mailing Address (*If different from above.*)\_\_\_\_\_  
Street and Number City/Town Province Postal Code

Company email address \_\_\_\_\_

Company phone number \_\_\_\_\_

Company Representative Name \_\_\_\_\_

*Name of the person with the authority to sign the Company Agreement for the Company.*

Company Representative Phone Number \_\_\_\_\_

Company Representative Email Address \_\_\_\_\_

**Complete both pages of this form and read the Clover Bar Transfer Station Dumping Procedures before submitting:**

Vehicle License Plate Number	Number of Axles <i>(Not including steering axles)</i>	Maximum Wastewater Capacity <i>(In liters)</i>	Vehicle Unit Number <i>(If applicable)</i>	Access Card Identification Number <i>(To be completed by Strathcona County)</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Submit Form**

*(or save the completed form and email it to: [UtilitiesCBTS@strathcona.ca](mailto:UtilitiesCBTS@strathcona.ca))*

***Below to be completed at time of pick-up of Access Cards***

County Staff Name: _____  Signature: _____  Date of Pick- Up: _____	Company Representative Name: _____  Signature: _____  <i>By signing above as Company Representative, I confirm that I have the authority to pick-up the access card(s) for the Company</i>
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