

**CITY OF OSHKOSH
BULK WATER APPLICATION**

Company Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone #: (____) ____ - _____ FAX #: (____) ____ - _____

Cell #: (____) ____ - _____ Email: _____

***Fill out separate line for each driver that may pickup bulk water. An Access number will be assigned by the Water Utility. Each driver should choose a different four-digit PIN number. When a completed application is received at the Water Utility, the Utility will return a copy to the customer with the assigned Access numbers. RETURN FORMS TO: CITY OF OSHKOSH WATER DISTRIBUTION CENTER
757 W 3RD AVENUE
OSHKOSH WI 54902***

Driver: _____ Access #: _____ PIN#: _____

Driver: _____ Access #: _____ PIN#: _____

Driver: _____ Access #: _____ PIN#: _____

Driver: _____ Access #: _____ PIN#: _____

Driver: _____ Access #: _____ PIN#: _____

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