



TOWN OF FRASER BULK WATER PERMIT APPLICATION

Permit Expires: _____

APPLICANT CONTACT INFORMATION:

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE ZIP CODE _____

PHONE NUMBER _____

Current Town of Fraser Business License? Yes No

AUTHORIZED USERS:

CONTACT NAME _____

PHONE NUMBER _____

VEH Lic. # _____ STATE

AIR GAP Yes No

CONTACT NAME _____

PHONE NUMBER _____

VEH Lic. # _____ STATE

AIR GAP Yes No

CONTACT NAME _____

PHONE NUMBER _____

VEH Lic. # _____ STATE

AIR GAP Yes No

PURPOSE FOR WATER

Time Period

To _____ From _____

USE TYPE: ONCE SEASONAL

CONTACT NAME _____

PHONE NUMBER _____

VEH Lic. # _____ STATE

AIR GAP Yes No

CONTACT NAME _____

PHONE NUMBER _____

VEH Lic. # _____ STATE

AIR GAP Yes No

CONTACT NAME _____

PHONE NUMBER _____

VEH Lic. # _____ STATE

AIR GAP Yes No

Comments