

**SYLVAN LAKE REGIONAL  
WASTEWATER COMMISSION**



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**WASTEWATER HAULERS REGISTRATION FORM**

*Please complete the following registration details:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Location/Servicing Area: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_  
**Please do not write in this area/section. For admin use only.**

User ID Number (3 DIGITS): \_\_\_\_\_

User Pin Number (4 DIGITS): \_\_\_\_\_