



SOUTH RED DEER 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): _____