



Truck Fill System
Station located at 8613 111 St.

Customers must leave an air gap between the hose and the water tank. Air gap built into tank is acceptable.

OPERATING INSTRUCTIONS

Water balance in your Account is displayed in **cubic meters**.

1. Open system panel door.
2. Select #2 (Barrel Fill) for 2 inch hose. Select #1 (Truck Fill) for 3 inch hose. Press ENTER.
3. Select #1 for Account option on keypad, press ENTER.
4. Enter your Access #, press ENTER.
5. Enter your 4-digit PIN #. Press enter.
6. Enter amount of water in **cubic meters** to dispense. You can also select "START" with no amount entered.
7. Ensure hose is connected.
8. Select START.
9. Take receipt dispensed by machine.
10. Close system panel door. Failure to close door may cause system slowdown or failure in cold weather

EMERGENCY MANUAL STOP BUTTON LOCATED ON KEY PAD.

NOTE: In the event of water overflow, **PRESS** the **STOP** switch.
It is the user's responsibility to prevent spillage and ensure loads are secure.

REMINDER: Make sure your Account has an adequate balance for weekends or holidays.

QUESTIONS: Monday to Friday 8:00 AM & 4:30 PM call 780-992-6248 or email publicworks@fortsask.ca.

Emergency after-hours answering service: 780-439-7574

Sample Calculations

220 Gallons = 1 Cubic Meter or 1000 Liters

Gallons	Cubic Meters	Liters	Cost Residential on Account 2024	Cost Non-Residential Account 2024
220	1	1000	\$4.18	\$4.18
440	2	2000	\$8.36	\$8.36
660	3	3000	\$12.54	\$12.54
880	4	4000	\$16.72	\$16.72
1100	5	5000	\$20.90	\$20.90
1320	6	6000	\$25.08	\$25.08



CITY OF FORT SASKATCHEWAN
PUBLIC WORKS

11121 88 Avenue, Fort Saskatchewan, Alberta T8L 2S5

780.992.6248 | publicworks@fortsask.ca

TRUCK FILL SYSTEM - APPLICATION & CREDIT INFORMATION
Water Station located at 8613 111 St. 780.992.6248

DATE: _____ ☐ Non-Residential Account ☐ Residential Account

ACCESS # _____ to be assigned by City

NAME OF ACCOUNT: _____

EMAIL ADDRESS: _____

CONTACT NAME: _____

PHONE: _____

ALTERNATE CONTACT: _____

PHONE: _____

COMPLETE MAILING ADDRESS: _____

FOUR DIGIT PIN CODE _____

(PIN # is applicant's choice and may be updated upon request, by contacting 780-992-6248)

DOLLAR AMOUNT TO OPEN ACCOUNT WITH: \$ _____ .00

Emergency Call-Out Procedures:

The Client is responsible to maintain their account and ensure they have enough water in their account to meet their needs. Public Works can be contacted during **regular working hours Monday – Friday 8:00 a.m. to 4:30 p.m.** (excluding holidays) at **780-992-6248** or publicworks@fortsask.ca. Adding water to your account may take up to two working days. Keeping accurate records of water consumption will eliminate the need to call and check your account balance.

Account balances (cubic meters) can be obtained at the water station.

In the event you run out of water **outside of regular hours** of operation you have the following options:

- Call the 24 hour emergency number **780-439-7574** to submit your request to have water added to your account. You will be contacted by Utilities personnel who will take your information and contact Clerical Staff to update your account. Your account will be updated as soon as an appropriate Clerical Staff can be brought in. There will be an additional **\$475.00** service charge added for the call out.

If you are experiencing a problem accessing your account **outside regular working hours**, the City recommends using the coin operated feature to ensure the system is working. If the system is working and you elect to request an emergency call out, there will be a **\$400.00** service charge added for the call out.

I, _____ hereby accept the conditions of this bulk water application
(Please Print)

Signature of Applicant: _____

Clerk's Initials _____



Stored Credential Agreement

10005 102 Street
Fort Saskatchewan, AB T8L 2C5
780.992.6200 info@fortsask.ca

Please Print All Information Clearly

I, _____ of _____
(Print Name) (Company Name)

Address: _____

City, Province: _____

Phone: _____ Email: _____

Hereby authorize the City of Fort Saskatchewan to store my credentials including card number
XXXX XXXX XXXX _____ for future use with Cardholder initiated transactions.

Cardholder responsibilities:

- I understand the card will be stored for Cardholder initiated transactions.
- I understand there is no expiry date to this Agreement.
- I understand my credentials will be stored until I ask for the credentials to be deleted or until there have been no Cardholder initiated transactions for a period of greater than 12 months, at which time my credentials will be deleted.
- Cardholder is responsible for contacting the City when the credential information expires and/or changes.

City of Fort Saskatchewan responsibilities:

- If any changes are made to how the credentials are stored, the City will notify the Cardholder by email.
- The City will retain the Agreement for the duration of the consent and provide it to the Cardholder upon request.

Signature

Date

Address

Phone

Attachments: Card on File



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PUBLIC WORKS

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Card on File - Stored Credential Agreement

Credit Card Information

☐ VISA ☐ Mastercard

Credit Card Number: _____

Cardholder Name: _____

Expiry Date: _____ / _____ CVV/CVC: _____ (3 digit code on back)

When this credit card expires, the card holder is responsible to contact us with a new expiry date.