GOVERNMENT OF THE VIRGIN ISLANDS
DEPARTMENT OF PLANNING & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL PROTECTION
Public Water Supply Supervision Program
WATER HAULER APPLICATION

Registration #: _____ VIN#: _____ Date: _____

Company Name: _____

Owner's Name: _____

Mailing Address: _____

Phone #: _____

Truck (Make/Model/Year): _____

Tank Material: _____ Tank Capacity: _____

Water Sources Used: _____

_____

For Office Use Only

_____ _____
Signature Date