

**SIX NATIONS PUBLIC WORKS
GAS/DIESEL CARD APPLICATION**

Please fill in the following information:

Name: _____

Department: (If applicable) _____

Mailing Address: _____

Telephone #: _____

Signature: _____

Date: _____

Depart. Manager/
Supervisor/
Director Signature: _____

PIN #: _____

FOR OFFICE USE ONLY:

Card No: _____

Product Restriction: _____ (Gas, Diesel)

Odometer Reading: _____ (If Applicable)

\$50.00 Deposit paid: _____