



Utility Account Application

Civic Address of Property _____

Property Owner

Name _____

Mailing Address _____

Email contact _____

Phone numbers _____

Effective Date _____

Duplicate Bill

- I do not require a duplicate of my bill.
- I would like a duplicate of my bill sent to the following address. I understand that if this is a mailing address a monthly fee will be levied to my account.

Name _____

Billing Address (mailing) _____

Authorization

I/We the undersigned agree to the terms as specified in the Utilities Account Bylaw and on this form.

Property Owner(s)

Date

The personal information on this form is being collected under the authority of the *Municipal Government Act* and will be used to maintain your utility account and contact you regarding your property or account. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator at 780-835-5461.