



APPLICATION FOR DISCONNECTION OF UTILITIES

Date of disconnection: _____
month/day/year

ACCOUNT NUMBER: _____

- Residential
- Commercial

Services discontinued: Water Sewer Garbage

Applicant Name: _____

Service Address: _____

Street

City

Province

Postal Code

Forwarding Address: _____

Street

City

Province

Postal Code

Phone: _____

Home

Cellular

Work

Employer: _____ Phone: _____

AUTHORIZATION:

Printed Name

Applicant Signature

Date

month/day/year

Please note that the personal information requested in this form is protected under the Freedom of Information and Protection of Privacy Act (FOIP). Collection of the personal information is authorized under FOIP, Section 33(c) and is required to facilitate the connection of a utility service. If you have any questions regarding FOIP, please phone 403.350.2150 and ask for the FOIP Coordinator.