



# Utility Disconnect Application

Service Address: \_\_\_\_\_ Date: \_\_\_\_\_

### Read Out or Shut Off

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

I hereby accept responsibility to pay the account at the above address until such time that I contact the City of Camrose to have my utility services disconnected. If the account is closed and the balance is not paid, it will be sent collections. In signing this form, I am declaring this information to be true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant(s)

\_\_\_\_\_  
Date

The information contained on this form is collected under the authority of *the Freedom of Information and Protection of Privacy Act* and shall only be used for the purpose for which it was collected.

### OFFICE USE ONLY:

Accepted By: \_\_\_\_\_ Account Number \_\_\_\_\_

Cycle \_\_\_\_\_ Rte \_\_\_\_\_ Seq \_\_\_\_\_ Tax Roll # \_\_\_\_\_ Service Application # \_\_\_\_\_

ID# \_\_\_\_\_ Read \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

WO# \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_