



Homeowner Water, Sewer and Garbage Application

Service Address: _____ Effective Date: _____

Have you previously had utilities with the City of Camrose? Yes or No _____

Applicant(s): _____

Phone Number: _____ Alternate Phone Number: _____

Mailing Address: _____

Payment of current billings must be received by the due date. Past due amounts are subject to a 1.5% penalty. **Water service will be shut off 7 days past the due date to those receiving a second arrears billing. Notice will be printed on your invoice.** _____ (Initials)

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 _____