



Commercial Rental Water, Sewer and Garbage Application

Service Address: _____ Effective Date: _____

REQUIREMENTS FOR UTILITY SERVICE:

- All commercial renters are required to pay a **minimum \$300 deposit** or a deposit equal to 3 months of estimated billing charges or an amount deemed necessary. The deposit can be waived if a Letter of Reference is provided from a reputable utility, Letter of Guarantee from a bank or at Council’s discretion. _____ (Initials)
- Only the contacts listed on the application will be able to inquire about the account. However, all tenants must consent to the City releasing their utility account payment history to the landlord. _____ (Initials)
- A lease agreement must be provided or a letter in writing from their landlord with address, date, tenants and signature. _____ (Initials)
- A valid City of Camrose Business license is required to operate within the City. _____ (Initials)
- **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)

Applicant(s): _____

Photo ID: _____ Date of Birth: _____

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. 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

Accepted By: _____

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:

Deposit Waived/Approved By: _____ Account Number _____

Owner or Landlord of the Property: _____

Cycle _____ Rte _____ Seq _____ Tax Roll # _____ Service Application # _____

ID# _____ Read _____ By _____ Date _____

WO# _____ By _____ Date _____