



# Residential Rental Water, Sewer and Garbage Application

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

### REQUIREMENTS FOR UTILITY SERVICE:

- All renters are required to pay a \$300 deposit prior to an account being transferred to their name. 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)
- Tenants **must** consent to the city releasing their account payment history to their landlord. \_\_\_\_\_ (Initials)
- A lease agreement **must** be provided or a letter in writing from their landlord with address, date, tenants and signature. \_\_\_\_\_ (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)

Have you previously had utilities with the City of Camrose? Yes or No \_\_\_\_\_ (Address)

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 to 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 \_\_\_\_\_