

5204-50 Avenue, Camrose, Alberta T4V 0S8  
 P 780.672.4426 F 780.672.2469 [www.camrose.ca](http://www.camrose.ca)

<b>Service Address:</b>	<b>Effective Date:</b>
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**REQUIREMENTS FOR UTILITY SERVICE:**

- A **minimum \$300 deposit** or a deposit equal to 3 months of estimated billing charges or an amount deemed necessary. \_\_\_\_\_ (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)

**Applicants**

<i>Company:</i>				
<i>Individual:</i>	Given Name	Initial	Family Name	
<i>Photo ID:</i>			<i>Date of Birth:</i>	
<i>Mailing Address:</i>	Apt	House	Street	City
	Province	Postal Code	<i>Additional Address Information</i>	
<i>Phone #'s</i> ###-###-####	<input type="checkbox"/> Home _____		<input type="checkbox"/> Work _____	
	<input type="checkbox"/> Cell _____		<input type="checkbox"/> Fax _____	
<i>E-mail</i>	<input type="checkbox"/> By checking this box you are confirming that you would like to receive <b>all</b> invoices via the above e-mail address and that you understand no paper copies will be sent			

**Signature**

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 Applicants(s):

Date:	Accepted By:
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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:**

<i>Deposit Waived/Approved By:</i>			<i>Account Number</i>	
<i>Owner or Landlord of the Property:</i>				
<i>Cycle</i>	<i>Rte</i>	<i>Seq</i>	<i>Tax Roll #</i>	<i>Service Application #</i>
<i>ID#</i>		<i>Read</i>	<i>By</i>	<i>Date</i>
		<i>WO#</i>	<i>By</i>	<i>Date</i>