

5204-50 Avenue, Camrose, Alberta T4V 0S8
 P 780.672.4426 F 780.672.2469 www.camrose.ca

Service Address:	Effective Date:
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Read Out or Shut Off

Applicant(s)

Company: _____

<i>Individual:</i>	Given Name	Initial	Family Name

<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 _____

E-mail

By checking this box you are confirming that you would like to receive **all** invoices via the above e-mail address and that you understand no paper copies will be sent

Signature

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 within 90 days, 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>
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Owner or Landlord of the Property:

<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>