



# Utility Disconnect Application

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

## Read Out or Shut Off

Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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 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:

Account Number \_\_\_\_\_

Owner or Landlord of the property: \_\_\_\_\_

Cycle \_\_\_\_\_ Rte \_\_\_\_\_ Seq \_\_\_\_\_ Tax Roll # \_\_\_\_\_ Service Application # \_\_\_\_\_

ID# \_\_\_\_\_ Read \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

WO# \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_