

OFFICE USE ONLY:	
JTILITY ACCOUNT NUMBER	

Application to Connect / Disconnect Utilities

MOVINGIN	NEW BUIL	D: BINS REQUI	RED	MOVING OUT	
POSSESSION / MOVE OUT DATE	CIVIC ADDRESS of PROPERTY				
REGISTERED PROPERTY OWNER					
NAME of PROPERTY OWNER		CO-OWNER NAME (if applicable)			
MAILING ADDRESS of PROPERTY OWI	NER (FORW	/ARDING ADDRI	ESS for DISCONNE	CTIONS)	
OWNER PHONE NUMBER		OWNER EMAIL ADDRESS			
IF YOU ARE RENTING					
TENANT NAME		TENANT MAILING ADDRESS			
TENANT PHONE NUMBER		TENANT EMAIL ADDRESS			
EMAIL UTILITY BILL: YES NO			IF YES PLEASE CO	MPLETE E-BILL AGREEMENT	
PRE-AUTHORIZED UTILITY WITHDRAWL:	YES	NO	IF YES PLEASE CO	MPLETE PRE AUTH-APPLICATION	
I/we, the undersigned, OWNER(s) of the proper on this Utility account, and that the Town of Cro of this property if this account is in arrears.					
OWNER SIGNATURE		TODAYS DATE			

Your personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is managed in accordance with the provisions of FOIP. Personal information may be used and shared with external services, provided for registration, administrative, and billing program purposes. If you have any questions about the collection of your personal information, contact the Town of Crossfield at 403-946-5565.