

PO Box 600 Crowsnest Pass, AB TOK 0E0

Ph: 403-562-8833 Fax: 403-563-5474

utilities@crowsnestpass.com www.crowsnestpass.com

UTILITY AGREEMENT CANCELLATION

I hereby apply to the Municipality of Crowsnest Pass for the cancellation of services as herein indicated, to the address noted below and hereby agree to pay any outstanding rates for the said utility services.

Utility Account					Effective Date	
Roll Number						
Civic Address						
Name						
Mailing Address						
City			Province		Postal Code	
Phone			Cell		Work	
Email		•				
Final Bill Total						
Method of Payment		In Office	Mail in Payment		PAD One-Time	PAD 1st/15th
, the undersigned, aut	horize t	he final bill to be pa	aid through pre	e-authorized debit as	s stated in the method of p	payment.
Signature			Date			
Municipality					Date	

The personal information on this form is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act Section 33(c) for the administration and billing of water, solid waste, and recycling utilities in the Crowsnest Pass. If you have any questions about the collection of this information, contact the FOIP Coordinator for the Municipality of Crowsnest Pass at 403-562-8833.