

RENTER AUTHORIZATION FORM

Authorization for a renter to receive the Utility Bill

Owner's Name (please print): Property Address:	
Phone: Ali	t. Phone:
Account #:	
Date Renter Authorization Begins:	
I/We hereby give authorization to the Town of Bo	n Accord to send the Utility Bill to:
Renter's Name (please print):	
Mailing Address:	
Phone:	
Please send completed form to info@bonaccord.c	a. Please review and check each box:
I/We are acknowledging that the Town of renter does not negate my/our responsibil account.	
I/We understand that if the Utility account transferred to the property taxes of the cocurrent Utility Bylaws.	t is unpaid the outstanding balance may be orresponding property in accordance with
The information collected on this form is authorized unde Protection of Privacy Act (FOIP). It will be used to process ut you have any questions about the collection and use of the in 50th Avenue, Bon Accord, AB, TOA OK	ility bill authorization for the Town of Bon Accord. If Iformation, contact the Town of Bon Accord at 5025 -
Owner's Signature	Date
Owner's Signature	 Date