

## **UTILITY AUTHORIZATION FORM**

Authorization for a separate person or party to receive a copy of the utility bill

Please complete the fields below in full. Incomplete forms will not be accepted.

OWNER INFORMATION (	those listed on th	e land title)	
Name(s):			
Property Address:			
Mailing Address:			
Phone(s):			
As the Owner(s) I/\	We wish to receive	e our utility bill via:	Mail Email
	te that if you are	not currently enrolled to receive requires a response to initiate.	e E-Bills, you will receive
AUTHORIZED PERSON(S	S) INFORMATION	l (ie. Renter, Property Manager	ment Company, Partner)
Name(s):			
Mailing Address:			
Phone(s):			
As the Authorized I	Person(s) I/We wi	ish to receive our utility bill via:	Mail Email
If email, please	e provide:		
You will re	eceive a confirma	tion email which requires a resp	oonse to initiate E-Billing.
AUTHORIZATION (to be o	completed by Owr	ner(s) only)	
. •		n of Bon Accord to send a copyed Person(s) to take effect:	of the above property's
		Bon Accord sending a copy of te my/our responsibility for the	-
	•	count is unpaid, the outstanding he corresponding property in a	•
	/	1	1
Owner's Signature	Date	Owner's Signature	Date

The information collected on this form is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). It will be used to process utility bill authorization for the Town of Bon Accord. If you have any questions about the collection and use of the information, contact the Town of Bon Accord at 5025 - 50th Avenue, Bon Accord, AB, T0A 0K0 or by calling (780) 921-3550.