

REQUEST FOR <u>TEMPORARY</u> CANCELLATION OF UTILITIES SERVICES

NAME:	
DATE OF REQUEST:	EFFECTIVE DATE:
SERVICE ADDRESS:	
MAILING ADDRESS:	
PHONE: CELL P	PHONE: EMAIL:
EMERGENCY CONTACT:	PHONE:
PERIOD OF VACANCY: From(Minimum 60 days)	to
REASON FOR TEMPORARY DISCONNECTION:	
AGREEMENT I, do hereby make the above noted request with the understanding that when this residence is no longer vacant, I will notify the City of Lacombe immediately and that my fee's will then resume. I acknowledge that I remain fully responsible for the garbage container provided to this address, and for its replacement. The City of Lacombe will refer to the dates indicated on the request unless otherwise notified. I agree that the said request shall be subject to the Rules and Regulations of the City of Lacombe, hereinafter contained or anytime hereafter made effective during the life of this Contract. SIGNATURE OF APPLICANT OR AGENT:	
DATE:	
FOR OFFICE USE ONLY:	
ACCOUNT #:	ROUTE #:
INFORMATION RECEIVED BY:	METER SLIP DONE:
DISCONNECT COMPLETED BY:	ON
RECONNECT COMPLATED BY:	ON
DISCONNECT FEE (\$30,00) CHARGED	RECONNECT FEE (\$30.00) CHARGED

The personal information requested on this form is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act for the registration and administration of services and programs provided by the City of Lacombe. If you have any questions about the collection or use of your personal information, contact the City of Lacombe at 403-782-6666.