



**REQUEST FOR TEMPORARY CANCELLATION
OF UTILITIES SERVICES**

NAME: _____

DATE OF REQUEST: _____ EFFECTIVE DATE: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ CELL PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

PERIOD OF VACANCY: From _____ to _____
(Minimum 60 days)

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 COMPLETED BY: _____ ON _____

DISCONNECT FEE (\$30.00) CHARGED RECONNECT FEE (\$30.00) CHARGED