



COMMERCIAL TENANTS UTILITIES SERVICE AGREEMENT

for Water, Waste Water and Garbage Collection Services

DATE OF REQUEST: _____ DATE EFFECTIVE: _____

APPLICANT: _____ D.L. /I.D. #: _____

CO-APPLICANT: _____ D.L. /I.D. #: _____

CIVIC ADDRESS: _____ POSTAL CODE: _____

MAILING ADDRESS (if different from above): _____

HOME PHONE: _____ CELL: _____ FAX/E-MAIL: _____

OTHER CONTACT: _____ PHONE: _____

(This person will have access to your account information)

RESIDENTIAL or COMMERCIAL OWNED or RENTED DOG: _____

CONNECTION FEE: \$30.00 Add to bill: Paid with application: RECEIPT # _____

DEPOSIT:\$700.00 (residential) **Other: \$** _____ Date paid: _____ RECEIPT #: _____

Tax Roll # _____ Route # _____

THE UNDERSIGNED HEREBY REPRESENTS that he/she is the applicant or an authorized agent for the applicant, and that he/she has the authority to sign this contract for utility services consisting of Water, Waste Water and Garbage Collection. The applicant agrees to comply with all provisions of Bylaw 70, Bylaw 316, and Policy 40 of the City of Lacombe, including payment for all utilities services supplied by the City to the above service address until such time as the applicant or authorized agent requests in writing that the contract be terminated. It is understood that in the event of late payment or non-payment, in addition to other remedies the City of Lacombe may have, the amount owing for utilities services shall bear a penalty charge in accordance with the Municipal Government Act and Bylaw 70 and Bylaw 316, and that non-compliance with the provisions of said Bylaws may result in discontinuation of utilities services by the City of Lacombe. The applicant acknowledges that the failure to receive or the loss of a utility bill will not be accepted as a reason for non-payment.

Deposits levied and paid in accordance with City of Lacombe, Bylaw 70 will be retained for the duration of their Utilities Services Agreement with the City of Lacombe.

THE APPLICANT HEREBY AGREES to abide by the terms and conditions specified in the City of Lacombe Bylaw 70 and City of Lacombe Bylaw 316.

SIGNATURE OF APPLICANT OR AGENT: _____ **DATE:** _____

SIGNATURE OF CO-APPLICANT: _____ **DATE:** _____

OFFICE USE ONLY: Information received by: _____ Data entered by: _____ on _____
Photo ID Checked: Route Card Completed: Meter Slip Done:

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.