



5432 – 56 Avenue
Lacombe, AB T4L 1E9

Form updated 2018-05-08
P: 403-782-6666
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E: Utilities@lacombe.ca

Utilities Service Agreement

for Water, Waste Water and Solid Waste Collection Services

Account Type: Residential (Tenant) Residential (Owner) Commercial

PERSONAL INFORMATION

Date of Request: _____ Effective Date: _____

Applicant Name: _____

Date of Birth: _____ Email: _____

Phone Number: _____ (Daytime) _____ (Alternative)

Co-Applicant Name: _____

Date of Birth: _____ Email: _____

Phone Number: _____ (Daytime) _____ (Alternative)

Service Address: _____ Postal Code _____

Mailing Address: _____ Postal Code _____

Other Contact: _____

Phone Number: _____ (Daytime) _____ (Alternative)

This person will have access to your account information Email: _____

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 all applicable Bylaws and Policies 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 City of Lacombe Bylaws 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, Bylaws 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 Bylaws.

SIGNATURE OF APPLICANT OR AGENT

SIGNATURE OF CO-APPLICANT OR AGENT

DATE

DATE

PROCESSING INFORMATION (to be completed by City of Lacombe)			
Connection Fee \$35.00	<input type="checkbox"/> Add to Bill	<input type="checkbox"/> Paid with Application	Account # _____
Deposit: <input type="checkbox"/> \$350.00	<input type="checkbox"/> \$700.00	<input type="checkbox"/> Other: \$ _____	Route # _____
Tax roll #: _____	Meter slip done: <input type="checkbox"/>		
Information Received by: _____	Date: _____		
Photo ID Checked: <input type="checkbox"/>	Driver's License #: _____		

FOIP Notification Statement

The personal information that you provide to the City of Lacombe is collected under the authority of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act – Section 33(c). The information will be used for the purpose of managing and administering Utility Account Services. Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the FOIP Act, and can be reviewed and corrected upon request. Questions regarding the collection of personal information can be directed to: FOIP Coordinator, City of Lacombe, 5432-56 Ave, Lacombe, AB T4L 1E9, Tel. 403-782-1281 or foip@lacombe.ca.