



Utilities Service Agreement

for Water, Waste Water and Solid Waste Collection Services

Ac	ccount Type: [☐ Residential (Tenant)	☐ Residential (Owner) ☐	☐ Commercial
PERSONAL INFORMATION	<u>NC</u>			
Date of Request:	Effective Date:			
Service Address:	Postal Code			
Applicant Name:	Driver's License #			
Date of Birth:	Email:			
Phone Number:		(D	aytime)	(Alternative)
Co-Applicant Name:	Driver's License #			
Date of Birth:			Email:	
Phone Number:		(D	aytime)	(Alternative)
Mailing Address:	Postal Code			
Other Contact:				
Phone Number:		(D	aytime)	(Alternative)
This person will have access to	your account informa	ation	Email:	
o sign this contract for utility of all applicable Bylaws and iddress until such time as the of late payment or non-paymenalty charge in accordance bylaws may result in discontion a utility bill will not be accordance becomes before the contract of a utility bill will not be accordance.	y services consisting Policies of the City e applicant or auth nent, in addition to e with the Municipal inuation of utilities epted as a reason faccordance with Ci	g of Water, Waste Water and y of Lacombe, including pay norized agent requests in wr o other remedies the City of al Government Act and City of services by the City of Laco for non-payment.	d Garbage Collection. The app ment for all utilities services iting that the contract be terr Lacombe may have, the amou of Lacombe Bylaws and that n mbe. The applicant acknowle	plicant, and that he/she has the authority blicant agrees to comply with all provisions supplied by the City to the above service minated. It is understood that in the event unt owing for utilities services shall bear a non-compliance with the provisions of said dges that the failure to receive or the loss of their Utilities Services Agreement with the City of Lacombe Bylaws.
SIGNATURE OF APPLICANT OR	AGENT		SIGNATURE OF CO-APPLICAN	T OR AGENT
DATE			DATE	
PROCESSING INFORMATIO	N (to be completed b	by City of Lacombe)		
Connection Fee \$35.00	☐ Add to Bill	☐ Paid with Application	Account #	
Deposit: ☐ \$350.00	□ \$700.00	☐ Other:\$	Route #	
Tax roll #:			_ Meter slip done: □	
Information Received by: Photo ID Checked: \Box			Date:	
Photo id Checked:				

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.