



REQUEST FOR CANCELLATION OF UTILITIES SERVICES

NAME: _____

DATE OF REQUEST: _____ EFFECTIVE DATE: _____

SERVICE ADDRESS: _____

FORWARDING ADDRESS: _____

CURRENT PHONE: _____ FORWARDING PHONE: _____

CELL PHONE: _____ BUSINESS PHONE: _____

TENANT: OWNER: TRANSFER OF DOG LICENCE:

OTHER NOTES: _____

FOR OFFICE USE ONLY:

ACCOUNT #: _____ ROUTE #: _____

DEPOSIT: \$ _____ DEPOSIT DATE: _____ REFUND or TRANSFER

TRANSFER DEPOSIT TO:

Address: _____ Account # _____

ON DEFT PROGRAM: YES NO Cancel or Transfer to above

INFORMATION RECEIVED BY: _____ METER SLIP DONE

CHANGES COMPLETED BY: _____ ON _____

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.

SIGNATURE OF APPLICANT _____ DATE _____