



UTILITY CONNECT/DISCONNECT FORM

CONNECT

DISCONNECT

Effective Date: _____

Account No: _____

Property Owner(s): _____

Service Address: _____

Forwarding/Mailing Address: _____

Postal Code: _____

Phone Home: _____

Alternate: _____

Email: _____

Would you like to receive your bill via email? Yes No

I acknowledge that I am responsible for all utility payments incurred through the water/sewer/waste and recycling service provided by the Town of Vauxhall.

Signature: _____

Date: _____



<u>OFFICE USE ONLY</u>		
Meter Number: _____	Reading: _____	Date: _____
Additional Comments: _____		

The information on this form is being collected under the authority of the Town of Vauxhall and will be used to process the application and may be used to provide statistical data. The information is protected by the privacy provision of the Alberta Freedom of Information and Protection of Privacy Act.