| | UTILITY SERVICES | | Date of Application |
|---|--|---|---|
| PINCHER OREEK | APPLICATION FOR SERVICES / AMENDMENTS | | |
| New Application | ☐ Cancellation | | ☐ Amendment |
| "Seller" | | | |
| Last Name | First Name | | Acct: # |
| Street Address | Mailing Address | | Postal Code |
| Town, Provence | Phone # (Cell) | | Phone # (Other) |
| Signature | | Move In / Out Date | 2 |
| Proof of Sale: Please ask Realtor or Lawyer for Written Proof of Seller/Buyer mailing addresses and date of sale. | | Power of Attorney: Yes or No Hard Copy Required | |
| "Buyer" | | | |
| Last Name | First Name | | Acct. # |
| Street Address | Mailing Address | | Postal Code |
| Town, Province | Phone # (Cell) | | Phone # (Other) |
| E-Billing Address | | Move In / Out Date | |
| Signature | | Sign up for Direct Electronic Funds Transfer (DEFT) Payments: Yes or No If <u>yes</u> please fill out separate paperwork. | |
| | roperty Owner; in accordance with a and 553; I agree that I am liable to | _ | |
| If you are r | moving and on DEFT y | ou must reapp | ly for the new address. |
| | ny damage which might occur to the | | the above address. I agree to indemnify and save the equipment due to the connection of the services as |
| | | _ | lations of the Province of Alberta regarding the use of ing rate structure established by the Town Council. |
| I understand that if I fail to pay | my account with the Town of Pinch same manner, subject to th | | d to my property tax account and be collected in the property tax. |
| - | nable precaution to ensure continuit | | mers, but assumes no responsibility for any damage, ny time or of any duration. |
| | New Build Meter | Installation Auth | orized by: |
| Developm | ent Officer | | Director of Operations |
| | | | |

The personal information requested on this form is being collected for management of Town-owned utilities offered by the Town of Pincher Creek and may be used with other utility providers under the authority of the Freedom of Information and Privacy (FOIP) Act. If you have any questions regarding the collection of this information, contact the FOIP Coordinator at (403) 627-3156.