



Town of  
**Olds**

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www.olds.ca

UTILITIES  
COMMERCIAL

# COMMERCIAL UTILITIES APPLICATION

(Water & Sewer Billing)

PLEASE PRINT CLEARLY

\_\_\_\_\_  
Possession Date (IF RENTING or LEASING, possession date on Lease or Rental Agreement)

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Street Address, including Postal Code

\_\_\_\_\_  
Mailing Address, if different from above

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Cell or Alternate Phone

\_\_\_\_\_  
Contact Name in Case of Emergency Phone

I, the undersigned, business owner at the address listed above, hereby apply to the Town of Olds to receive water and sewer services. I understand that I am responsible for outstanding balances on my account, and that the Town of Olds may disconnect my services if my account is in arrears over 30 days. I agree to notify the Town of Olds immediately of any changes to my status or address.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Deposit of \$ \_\_\_\_\_ paid: \$150 for 5/8" to 3/4" meter Date Deposit received \_\_\_\_\_  
\$250 for 1" meter  
\$500 for 1 1/4" to 2" meter  
\$750 for meters over 2" Receipt No. \_\_\_\_\_

Disconnect Name \_\_\_\_\_ Disconnect Date \_\_\_\_

Forwarding Address \_\_\_\_\_ Work Order # \_\_\_\_\_