

# Utilities Application

Water, Sewer & Garbage Billing – per Town of Olds Bylaw 2009-24  
(copies of the bylaw are available on request and at [www.olds.ca](http://www.olds.ca))

## TO BE COMPLETED BY THE OWNER OF THE PROPERTY

### PROPERTY & OWNER INFORMATION

<hr/>		<hr/>	
<b>POSSESSION DATE</b>		<b>MUNICIPAL ADDRESS of PROPERTY</b>	
Have you had a previous Utilities Account with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the property require Roll Out Bins? (Applies to brand-new residences <u>ONLY</u> ) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<hr/>		<hr/>	
Property Owner Last Name		First Name	
<hr/>			
Property Owner Mailing Address, including Postal Code			
<hr/>			
<hr/>		<hr/>	
Home Phone		Cell Phone	
<hr/>		<hr/>	
EMAIL		<hr/>	
<hr/>		<hr/>	
Employer Name & Address		Business Phone	
<hr/>		<hr/>	
<hr/>		<hr/>	
Contact Name in Case of Emergency		Contact Phone	
<hr/>		<hr/>	
Would you like to receive Town of Olds news by email? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Would you like to be contacted by Hi Neighbour Welcome Service? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### OPTIONAL

#### INFORMATION ABOUT ANY **TENANTS** OF THE PROPERTY (Residential OR Commercial)

If you wish a copy of the monthly billing sent to either the Tenant OR the Property Manager, complete the following:

<b>TENANT information:</b>		<b>PROPERTY MANAGER information:</b>	
<hr/>		<hr/>	
Tenant Name		Property Manager Name	
<hr/>		<hr/>	
Tenant Mailing Address with Postal Code		Property Manager Mailing Address with Postal Code	
<hr/>		<hr/>	
Tenant Date of Occupancy		Property Manager Phone	
<hr/>		<hr/>	
Tenant Phone		Property Manager Email	
<hr/>		<hr/>	
Tenant Email		Receive Town news by Email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Receive Town news by Email? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>When there are changes, please contact Town Office at 403.556.6981 at least one week prior to the change.</b>			

I/we, the undersigned, OWNER(s) of the property listed above, hereby apply to the Town of Olds for Utility Services. **I/we understand that I/we am/are responsible for outstanding balances on this Utility account, and that the Town of Olds may disconnect services if this account is in arrears over 30 days. The Town of Olds may transfer outstanding balances to the Tax Account of this property after 90 days.** When there are changes, I/we agree to contact Town Office at 403.556.6981 at least one week prior to the change.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### OFFICE USE ONLY

OWNER GIVEN COPY  OWNER GIVEN BYLAW 2009-24  MOBILE HOME? (Copy to Property Tax Administrator) Property Roll No. \_\_\_\_\_  
 ID checked?  DL  Student ID  Other \_\_\_\_\_ Work Order # \_\_\_\_\_ Final Meter Reading \_\_\_\_\_  
Disconnect Name \_\_\_\_\_ Disconnect Date \_\_\_\_\_ Forwarding Address \_\_\_\_\_