

## **UTILITIES APPLICATION FORM**

Town of Olds Bylaw 2024-03, 2024-07, & 2024-10. (bylaws available at <u>www.olds.ca</u>)

## TO BE COMPLETED BY THE OWNER OF THE PROPERTY - PROPERTY & OWNER INFORMATION

POSSESSION DATE  New Build?		MUNICIPAL ADDRESS of PROPERTY
Property Owner Last Name		First Name
Property Owner Mailing	Address, including Posta	al Code
Home Phone	Cell Phone	Business Phone
EMAIL ADDRESS FOR E □ opt out of e-bill, fees wi		
Contact Name in Case of Emergency		Contact Phone
		PROPERTY MANAGER information:
nant Name		Property Manager Name
	stal Code	
nant Mailing Address with Pos		Property Manager Name
nant Mailing Address with Pos nant Billing Start Date (Must be		Property Manager Name  Property Manager Mailing Address with Postal Code
nant Mailing Address with Pos nant Billing Start Date (Must be nant Phone	e the 1st of the month)  Tenant Email	Property Manager Name  Property Manager Mailing Address with Postal Code  Property Manager Billing Start Date (Must be the 1st of the month)
we, the undersigned property own utstanding balances on this accordansferred to the Tax Account for ot-out box is checked. By subscribmail address. It is my/our responsinations to the invoice does not exemple.	Tenant Email  The Town Office at 403.556.6  The Town Office at 403	Property Manager Name  Property Manager Mailing Address with Postal Code  Property Manager Billing Start Date (Must be the 1st of the mont)  Property Manager Phone Property Manager Em