

Town of Olds Bylaw 2024-03, 2024-07, & 2024-10. (Copies of the bylaws available at www.olds.ca)

EMAIL COMPLETED FORMS TO: utilities@olds.ca

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

<p>_____</p> <p>POSSESSION DATE</p>		<p>_____</p> <p>MUNICIPAL ADDRESS of PROPERTY</p>	
<p>Does the property require Roll Out Bins? (Applies to brand-new residences <u>ONLY</u>) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>_____</p> <p>Property Owner Last Name</p>		<p>_____</p> <p>First Name</p>	
<p>_____</p> <p>Property Owner Mailing Address, including Postal Code</p>			
<p>_____</p> <p>Home Phone</p>	<p>_____</p> <p>Cell Phone</p>	<p>_____</p> <p>EMAIL – Print legibly.</p>	
<p>_____</p> <p>Employer Name & Address</p>		<p>_____</p> <p>Business Phone</p>	
<p>_____</p> <p>Contact Name in Case of Emergency</p>		<p>_____</p> <p>Contact Phone</p>	

OPTIONAL - INFORMATION ABOUT ANY TENANTS OF THE PROPERTY (Residential OR Commercial)

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

TENANT information:

Tenant Name

Tenant Mailing Address with Postal Code

Tenant Billing Start Date (**Must be the 1st of the month**)

Tenant Phone Tenant Email

PROPERTY MANAGER information:

Property Manager Name

Property Manager Mailing Address with Postal Code

Property Manager Billing Start Date (**Must be the 1st of the month**)

Property Manager Phone Property Manager Email

When there are changes, please contact the Town Office at 403.556.6981 at least two weeks prior to the change.

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. The Town of Olds may transfer outstanding balances to the Tax Account of this property per the Town of Olds Bylaws referenced above.

Property Owner Signature

Date

ID checked? DL Student ID Other _____