

UTILITIES APPLICATION



4512 46 Street
Olds AB T4H 1R5
Main: 403.556.6981
Fax: 403.556.6537

Water, Sewer & Garbage Billing Town of Olds Bylaw 2018-45. (Copies of the bylaw available at www.olds.ca)

EMAIL COMPLETED FORMS TO: utilities@olds.ca

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

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

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.

Property Owner Signature

Date

ID checked? DL Student ID Other _____