

# UTILITIES APPLICATION



Town of Olds

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

Water, Sewer & Garbage Billing Town of Olds Bylaw 2014-10. (Copies of the bylaw available on request and at [www.olds.ca](http://www.olds.ca))

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

POSESSION 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		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	
<i>Would you like to receive Town of Olds news by email?</i>		<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:

### TENANT information:

Tenant Name	
Tenant Mailing Address with Postal Code	
Tenant Date of Occupancy	
Tenant Phone	Tenant Email
Receive Town news by Email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### PROPERTY MANAGER information:

Property Manager Name	
Property Manager Mailing Address with Postal Code	
Property Manager Phone	
Property Manager Email	
Receive Town news by Email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**When there are changes, please contact Town Office at 403.556.6981 at least one week 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.

Signature

ID checked?  DL  Student ID  Other \_\_\_\_\_

Date