

ONLINE ACCESS REQUEST FORM-CITY OF FORT SASKATCHEWAN

Use this form to: request Internet user name and password.

CONFIDENTIAL when completed.

Date: _____

INSTRUCTIONS

1. Please print all information using a ballpoint or felt-tip pen.
2. Complete applicable sections.
3. Sign

City of Fort Saskatchewan
10005 102 St
Fort Saskatchewan, Alberta
T8L 2C5 780-992-6228

1. USER INFORMATION

Name: _____
Last Name (Please print) *First Name* *Initial*

User Name : _____
4-10 characters alpha and/or number

Utility Account _____ Tax Roll Number _____

Address: _____

Phone: _____ Fax: _____

E-Mail Address: _____

2. CONFIDENTIALITY STATEMENTS AND USER SIGNATURE

I understand and agree that the information/data I have been authorized to access is considered **CONFIDENTIAL**. The information on this form is collected under the authority of section 33© of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the administration of the Utility/Taxation Programs. Failure to comply with this requirement may result in denial of access.

COMPUTING SECURITY REQUIREMENTS

- Keep your password/PIN confidential.
- Never use someone else's password/PIN.
- Never share your password/PIN with someone else.
- Please remember to logoff.

User's Signature: _____

3. AUTHORIZATION & CONTACT PERSON (for internal use only)

Employee Name (Please print) *Signature*

Password: _____

www.fortsask.ca

