



10005 102 ST
FORT SASKATCHEWAN, AB T8L 2C5
Information: (780) 992-6178
E-mail: UtilityClerk@fortsask.ca
Fax: (780) 998-4774

CITY OF FORT SASKATCHEWAN UTILITY MOVE OUT

Name (Please Print): _____

Additional Name: _____

Property Address: _____

Utility Account Number: _____

Forwarding Address: _____ Postal Code: _____

Forwarding Address for Additional Name (if different): _____

Phone No: _____ Additional Phone No: _____

Cancellation Date: _____

The Deposit charged on the first Utility Bill will be applied to the outstanding balance. If there is a credit on the account when it is closed a cheque will be issued or, if you wish, transferred to your new account. Please submit form 5 days prior to moving to ensure we obtain a final meter read on the correct date.

Signature: _____ Date: _____

Signature: _____ Date: _____