



PHONE: (780) 992-6228

EMAIL: UtilityClerk@fortsask.ca

Authorization for Management Company to Receive the Utility Bill

Owne	r's Name (Please Print):			_
Mailin	g Address:			
Phone No. (Res.):		Phone No. (Bus.):		
		o the City of Fort Saskatchewa gement Company listed below		Utility Bill for the
	Civic Address:			
	Account Number for Civic A	Address:		
	Name of Management Comp	pany:		
	Address of Management Co	mpany:		
	Phone Number of Managem	ent Company:		
	Would you like the monthly	utility bill to be emailed:	Yes	No
	If yes, please provide email	address:		
•	 I/We are acknowledging that the City of Fort Saskatchewan will be sending the Utility Bill to the above-mentioned Management Company. I/We will not be receiving a copy of the Utility Bill. This action does not negate my/our responsibility for the outstanding balances on the account. 			
•		lity account is unpaid, the outsta rresponding property in accordan		
Signat	ure:		Date:	
Signature:			Date:	