

Utility Account Closing/Move Out Form

Name (Please Print):				
	LAST NAME		FIRST NAME	
Additional Name:				
	LAST NAME		FIRST NAME	
Property Address:				
Forwarding Address:	Postal Code:			
Forwarding Address for Additional Name (if	different):			
Phone No:	Additional Phone No:			
Possession Date for New Owners:				
All waste carts that were delivered to you by move out.	the City of Fort S	askatchewan must	remain at the property when you	
Does this property currently have a second by	olack cart?	Yes	No	
What's the best phone number for our Wast you about your second black cart options?	e Department to	reach		
The Deposit charged on the first utility bill will be closed, a cheque will be issued. Please submit the correct date.	• •	_		
Signature:	ature:		Date:	
Signature:		Date:		

This personal information is being collected and used under the authority of Section 4(c) of the Protection of Privacy Act for purposes relating to the administration of Utility Services. If you have questions about the collection, contact the Access to Information Coordinator for the City of Fort Saskatchewan at 780-992-6200