

Please return form to: City of Beaumont - Utilities 5600 - 49 Street Beaumont AB T4X 1A1 Phone: 780-929-1351 Fax: 780-929-8729 Email: <u>utilities@beaumont.ab.ca</u>

MOVE OUT

Water/Sewer Account and Curbside Collection

SECTION 1 - SERVICE ADDRESS INFORMATION				
				in the property title owner's name. ide final billing for renters moving out.
Possession End Date:	Service Addr	ervice Address:		
Utility Account No: Internal Use Only Beaumont		3	Postal Code:	
SECTION 2 - HOMEOWNER(S) INFO	ORMATION	1		
Legal Name:		Legal Name:		
Home Phone:		Home Phone:		
Work/Cell Phone:		Work/Cell Phone:		
Customer No: Internal Use Only		Customer No: Internal Use Only		
SECTION 3 - FORWARDING ADDR	ESS			
Forwarding Address:		Canada Post will forward my mail		
City:	Province:		Postal Code:	
SECTION 4 - ACCOUNTS TO CANO	EL			
Pet License	If you are signed up for our pre-authorized Tax Installment Plan (TIP), please ensure that you			
Business License	cancel the pre-authorized payments by comple payments for taxes and/or utilities.			Change Form for pre-authorized
SECTION 4 - AUTHORIZATION				
We/l, the registered owner(s) of the above service add disconnection and/or transfer of outstanding balances We/l certify that the information given on this form is used for the purposes identified above.	s to your tax account purs	suant to City Bylaws.		
Registered Owner Signature:			Date:	
Registered Owner Signature:				Date:
The personal information requested on this form is being collected un be used for the purpose setting up, managing and administering your collection or use of your personal information, contact the City of Bea	account with the City of Beaun	nont, and may be communica	ated to relevant Ci	ty Business Units. If you have any questions about the
OFFICE USE ONLY				
Requested Read		Route:		
		Sequence:		
Comments:				