



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

RENTAL PROPERTY

Water/Sewer Account and Curbside Collection

SECTION 1 - SERVICE ADDRESS INFORMATION			
<input type="checkbox"/> Just purchased this property for rental purposes. <input type="checkbox"/> We own this property already and are turning it into a rental property.	Please have a copy of the Utility bill mailed to the service address for my tenant. <input type="checkbox"/> Yes <input type="checkbox"/> No		
IMPORTANT INFORMATION: The utility account will always be in the owner's name that is on title. Owner's do have an option of having a copy of the utility bill mailed to the service address in the owner's name with the words "and Tenant" as long as it is indicated above. No renter's name will be added to the account. There is no interim billing for when a tenant move out or in, just the bi-monthly billing will be done. It will be up to the owner to figure out interim charges. If there is an issue with the account it is up to the owners to contact the City to discuss the issue.			
Service Address:	Beaumont AB	Postal Code:	
Rental Date:	Utility Account No: Internal Use Only		
SECTION 2 - HOMEOWNER(S) INFORMATION			
Name:	Name:		
Home Phone:	Home Phone:		
Work/Cell Phone:	Work/Cell Phone:		
Property Owner Mailing Address:			
City / Town:	Province:	Postal Code:	
Customer No: Internal Use Only		Customer No: Internal Use Only	
SECTION 4 - AUTHORIZATION			
We/I, the registered owner(s) of the above service address understand we/I are responsible for the Utility bills. Non-payment of the Utility bills will result in either disconnection and/or transfer of outstanding balances to your tax account pursuant to City Bylaws.			
We/ I certify that the information given on this form is true and complete to the best of my knowledge and acknowledge my authorization of the information to be used for the purposes identified above.			
Registered Owner Signature: <small>(print name here)</small>			Date:
Registered Owner Signature: <small>(print name here)</small>			Date:
<small>The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose setting up, managing and administering your account with the City of Beaumont, and may be communicated to relevant City Business Units. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.</small>			
FOR OFFICE USE ONLY			
Cart Ordered <input type="checkbox"/>	Requested Read/Meter <input type="checkbox"/>	Meter Installed <input type="checkbox"/>	Route:
Date:	Date:	Date:	Sequence: