



TOWN OF BLACK DIAMOND UTILITY DISCONNECTION APPLICATION

Date of Application: _____

Date of Disconnection: _____

Billing Name: _____

Billing Address: _____

Phone Number: Home: _____ Work: _____

Civic Address: _____

Forward Mailing Address: _____

I understand that I am responsible for the total amount owing including any disconnect/reconnect fees and any amount that may have been transferred to the Tax account of the above named property.

Having read and fully understand the above information, I affix my signature this

_____ day of _____, 20____.

Signature of Applicant

FOR OFFICE USE ONLY

Tax Roll Number: _____

Date Entered into Computer: _____

Utility Acct No: _____

Entered By: _____

Route# _____ Walk # _____

Meter Reading: _____

Meter ID: _____

Meter Read By: _____

The personal information on this form is being collected under section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIPP) and may be used to manage utility accounts. Should you have any questions or concerns, please contact the FOIP Coordinator for the Town of Black Diamond at (403) 933-4348, or email info@town.blackdiamond.ab.ca