Strathcona County

Utilities - Credit Reference

Customer Billing Services

Financial Services, 2001 Sherwood Drive, Sherwood Park, AB T8A 3W7 **Phone** (780) 464-8272/464-8273 **Fax** (780) 464-8050

Account number _____

Dear customer

Please complete the authorization portion of this letter, sign and **forward it to your previous** utility company. Please be advised we require confirmation of 12 months of good credit history in order to waive your deposit requirement. Personal information is collected in accordance with the *Municipal Government Act* and section 33 (c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) and is protected by FOIP. It will be used to confirm your utility company payment history prior to approving a fee waiver. If you have any questions about the collection and use of your personal information contact the Supervisor, Customer Billing at (780) 464-8017.

Authorization to Disclose Previous Account Information to Strathcona County

Previous

Address _____ City _____

Utility company _____ Account number _____

Address _____ City _____

Service dates from _____ to _____

Please provide the information requested so this Credit Reference may be accepted in lieu of a utility deposit, subject to the approval of Strathcona County. It is my responsibility to ensure this letter is completed and returned to Strathcona County.

_____ _____ _____

Signature – Customer Date Contact phone number

To be completed by previous utility company

Service for a 12 month period ❑ no ❑ yes Service dates from _____ to _____

Please indicate the number of times, in the past 12 months, this customer

was in 30 day arrears _____ 60 day arrears _____

had a cheque returned by bank _____ was disconnected for non –payment _____

Comments _____

Completed by _____ Position _____

(required)

_____ _____

Signature Phone number (required)

May be returned by fax to Strathcona County, Customer Billing Services at (780) 464-8050.