

Utilities

Customer Billing Services, 2001 Sherwood Drive, Sherwood Park, AB T8A 3W7

Phone 780-464-8272 Fax 780-464-8050

Account number _____

Current address _____

Postal code

Contact number _____ Alternate _____

Previous address _____

Postal code

Previous utility company _____

Service dates from _____ to _____

Based on my previous utility company payment history, I am requesting that the need to provide a utility deposit with Strathcona County be waived.

Signature – Customer

Date

Collection and Use of Personal Information

Personal information is being collected under the authority of the *Municipal Government Act (MGA)* and the *Freedom of Information and Protection of Privacy Act (FOIP)* and is managed in accordance with the provisions of FOIP. This information 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 Customer Billing Supervisor, Utilities, Strathcona County at 780-464-8017.

The following information is required in order to establish a credit history for approving or not approving your request to waive the deposit.

To be completed by replying 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)

Return by fax to Strathcona County, Customer Billing Services at 780-464-8050.

Office use only

approved not approved reason ► _____

Signature _____ Date _____

Deposit returned no yes ► date _____