



# Utility Account Move Out

**Utility Account # \***

**Service Address \***

**First Name \***

**Last Name \***

**Mailing Address \***

**City/Town \***

**Province \***

**Postal Code \***

**Contact Number \***

**Email Address \***

**Move Out Date \***

**Customer Statement:**

I hereby authorize the cancellation of this utility account and, accept all charges levied for this account up to and including date of disconnection. I accept responsibility for any damages to the water meter and/or any charges restoring said meter to its original condition.

**Account Holder Signature \***

**Notice of Collection**

The personal information on this form is being collected for the purpose of facilitating utility account change for move-outs in Saddle Hills County and will be shared with Administration. The information is collected under the authority of Section 146 of the Municipal Government Act and Section 4 of the Protection of Privacy Act. For questions about the collection of personal information, contact [admin@saddlehills.ab.ca](mailto:admin@saddlehills.ab.ca) or call (780) 864-3760.

**Please send me a pdf copy of this form**

- ☐ Yes
- ☐ No

**Email address for copy of form \***