



Town of Vegreville
4829 50 Street
Postal Drawer 640
VEGREVILLE, ALBERTA T9C 1R7

T: 780-632-2606 | F: 780-632-3088
vegtown@vegreville.com | www.vegreville.com

UTILITY RENTAL AUTHORIZATION FORM

Date: _____

LAST NAME OF OWNER(S)	FIRST NAME OF OWNER(S)	INITIAL
SERVICE ADDRESS	UTILITY ACCOUNT NUMBER	
OWNER(S) MAILING ADDRESS	PHONE NUMBER	

Please initial your name on each line after reading:

_____ I/We authorize the Town of Vegreville to send a copy of the utility bill to the above given service address as of the above date.

_____ I (the owner) am aware that **the owner is still responsible for the bill** as per Bylaw 06-2010.

_____ If the tenant's copy is returned to our office for more than 2 billing periods, Rental setup is **CANCELLED IMMEDIATELY.**

PRINT NAME

SIGNATURE

DATE

(FOR ADMIN USE ONLY)

RENTAL SETUP ON: _____