



Postal Drawer 640  
VEGREVILLE, ALBERTA T9C 1R7  
(780) 632-2606

### UTILITY PAPERLESS AUTHORIZATION FORM

**Please provide the following information. When completed and signed you may submit it in person at the Town of Vegreville Administration office, by fax or by emailing it to [smendoza@vegreville.com](mailto:smendoza@vegreville.com)**

I hereby authorized the Town of Vegreville to email my **Utility Bill Statement**, which will remain in effect until written notice has been received in such manner as to afford reasonable time to act on it.

By registering for this service, I understand that I will no longer receive a paper statement.

In the event that the email address(es) below change(s), I (**the owner**) understand that I am responsible for notifying the Town of Vegreville in a timely manner. I also understand that I am responsible for any late fees that may be incurred due to the inability to deliver a notification to an invalid email address(es).

SERVICE ADDRESS	UTILITY ACCOUNT
LAST NAME OF OWNER(S)	FIRST NAME OF OWNER(S) INITIAL
OWNER(S) E-MAIL ADDRESS	PHONE NUMBER
SIGNATURE	DATE

#### **FOR MULTIPLE & RENTAL PROPERTIES (PLEASE FILL OUT THE BOXES BELOW)**

SERVICE ADDRESS	UTILITY ACCOUNT
RENTER'S NAME (IF APPLICABLE)	RENTER'S E-MAIL ADDRESS (IF APPLICABLE)

SERVICE ADDRESS	UTILITY ACCOUNT
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