



Box 779
5025 - 50 Avenue
Bon Accord, AB T0A 0K0
PHONE 780-921-3550
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Email: freed@bonaccord.ca

Authorization for a renter to receive a copy of the Utility Bill

Owner's Name (Please Print): _____

Civic Address: _____

Mailing Address: _____

Phone No. (Res.): _____

Alternate Phone No.: _____

Account Number: _____

I/We hereby give authorization to the Town of Bon Accord to send a copy of the Utility Bill to:

Renters Name (Please Print): _____

Mailing Address: _____

Phone Number: _____

- I/We are acknowledging that the Town of Bon Accord sending a copy of the Utility Bill to the renter does not negate my/our responsibility for the outstanding balances on the account.
- I/We understand that if the Utility account is unpaid the outstanding balance may be transferred to the property taxes of the corresponding property in accordance with current Utility Bylaws.

Signature: _____ Date: _____

Signature: _____ Date: _____