

## UTILITIES – UTILITY ACCOUNT CANCELLATION

CUSTOMER INFORMATION			
<b>Account holder name:</b>			
<b>Joint account holder name:</b>			
<b>Service address:</b> <small>Town Province Postal Code</small>			
<b>Forwarding address:</b> <small>Town Province Postal Code</small> (mandatory)			
<b>Disconnect date:</b>		<b>Account number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Type of account:</b> <input type="checkbox"/> Personal <input type="checkbox"/> Business		<b>Phone:</b>	<b>Alternate phone:</b>
<b>Does the account also include a dog licence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Name of account holder (please print)

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Name of joint account holder (please print)

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Signature of the account holder

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Signature of joint account holder

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Date signed

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Date signed

Please bring or mail in your completed form to the Rocky View County Hall, fax it to 403-277-6601, or e-mail it to [utilities@rockyview.ca](mailto:utilities@rockyview.ca).