

MACKENZIE COUNTY
UTILITY ACCOUNT MOVE IN

1. UTILITY ACCOUNT #: _____ CUSTOMER ID #: _____ TAX Roll #: _____
2. HAMLET ☐ LC ☐ FV ☐ ZA STREET ADDRESS: _____
 STALL/UNIT: _____ LOT: _____ BLOCK: _____ PLAN: _____
 LEGAL LAND LOCATION: _____ ¼ SECTION _____ TOWNSHIP _____ RANGE _____ WEST OF _____ MERIDIAN
3. DO YOU CURRENTLY HAVE WATER? ☐ YES ☐ NO
 THE SERVICE BEING REQUESTED IS: ☐ WATER ☐ SEWER ☐ WATER & SEWER
4. PREVIOUS RENTER/OWNER IF KNOWN: _____ DATE MOVED IN: _____
5. OWNER'S NAME: _____ CONTACT(if business): _____
 MAILING ADDRESS: _____
 E-MAIL ADDRESS: _____
 HOME #: _____ WORK #: _____ CELL #: _____
6. IS THIS PROPERTY A RENTAL PROPERTY ☐ YES ☐ NO ***If no, please continue at #8.**
 IF YES, WHO WILL RECEIVE THE BILL? ☐ OWNER ☐ RENTER
7. RENTER'S NAME: _____ AB CORP. #: _____ CUST. ID #: _____
 MAILING ADDRESS: _____
 E-MAIL ADDRESS: _____
 HOME #: _____ WORK #: _____ CELL #: _____
8. ☐ CONNECTION FEE: \$ _____ (All) ☐ RECONNECTION FEE(Cut off for non-payment): \$ _____
☐ METER FEE (New Installation): \$ _____
☐ APPROVED APPLICATION (New Installation) #: _____ RECIEPT #: _____
9. METER INSTALLED BY: _____

CUSTOMER STATEMENT

I must notify the office of Mackenzie County of any service changes or disconnections and I am fully responsible for any service amount(s) charged to my account if I move and do not provide appropriate notification of any service disconnection. I shall give access to an authorized person of Mackenzie County to the service/meter for the purpose of reading, inspecting, repairing or changing meter. I shall be responsible to keep the meter frost free from injury by frost or damage or otherwise be liable for any charges which may be levied. Furthermore, I _____, the owner of property under tax roll # _____, request water and/or sewer utility connection to this property. I request that utility charges be billed to the renter of this property as specified above on this authorization form. By signing below, I authorize Mackenzie County to transfer all unpaid costs associated with the requested water and/or sewer connection to my tax roll # _____ if the account remains unpaid over 90 days.

REGISTERED OWNER'S SIGNATURE

WITNESS (print name)

DATE

RENTER'S SIGNATURE

WITNESS (print name)

DATE

This information is being collected in accordance with Part 2 of the Freedom of Information and Protection of Privacy Act and is being collected for the purpose of receiving utility service within Mackenzie County. Our Freedom of Information and Protection of Privacy Act Coordinator is available to answer any questions you may have pertaining to the collection and use of the information and may be contacted at (780)927-3718.

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CUSTOMER INFORMATION (Carried forward from previous page)

UTILITY ACCOUNT #: _____ CUSTOMER ID #: _____ TAX Roll #: _____

STREET ADDRESS: _____ STALL/UNIT: _____ LOT: _____ BLOCK: _____ PLAN: _____

LEGAL LAND LOCATION: _____ ¼ SECTION _____ TOWNSHIP _____ RANGE _____ WEST OF _____ MERIDIAN

SAFETY CODES OFFICER'S USE

PLUMBING PERMIT #: _____ () initials

DEVELOPMENT PERMIT #: _____ () initials

PRIVATE SEWAGE DISPOSAL: _____ () initials

UTILITY OFFICER'S USE ONLY

DID YOU TURN SERVICE ON? _____ DATE: _____ TIME: _____

METER IDENTIFICATION #: _____ METER SERIAL #: _____

METER SIZE: _____ METER START READ: _____ # OF DIALS: _____

MISCELLANEOUS INFORMATION _____

I hereby certify that the service requested hereon has been turned on as required and the readings noted above are correct.

OFFICER'S SIGNATURE _____ FAXED ☐ SENT ☐ TO UTILITY CLERK