TOWN OF SLAVE LAKE

Utility Service Termination

Termination Date: _____ Service Address: _____

Account Holder(s) Name: _____

Telephone Home/Cell: _____ E-Mail: _____

Mailing Address w/ Postal Code (if different than above):

_____

Pre-Authorized Payments: Please notify staff if you are on pre-authorized payments so the appropriate cancellation forms may be provided.

Utility Deposit Refund Request Form

The refund of a utility deposit is subject to the customer making a request in writing and the customer meeting all the requirements of the Town of Slave Lake Bylaw 16-2020.

As per Section 7.1: a deposit paid under Section 5 will be refunded only upon the written request of person and at the discretion of the Chief Administrative Officer.

As per Section 7.2: if refundable pursuant to this Section, or upon termination of the supply of utility services, a deposit shall be returned to a consumer together with interest as provided in Section 6, after deducting there from all outstanding charges for the supply of utility services, including the cost of shutting off or discontinuing any utility service for non-payment of utility accounts.

Account Number: __ __ __ __ __ __. __ __

I, _____have read the rules and regulations and understand that I must comply with them in order to receive my utility deposit refund. I hereby request the Town of Slave Lake to review my account to see if it qualifies for a deposit refund. If refund request is denied the Town of Slave Lake will contact me. If approved, I request the refund of my deposit to be returned as follows:

☐ Apply deposit to my account

☐ Transfer to another Slave Lake Municipal Address

_____
Please print address

☐ Issue a refund cheque

Mailing Address for refund cheque:

_____

Final Read

Please provide a final read on the day you have notified the Town of Slave Lake that you will be vacating the premises. That can be done by taking a picture of your water meter with the final read and emailing/texting it to utilities@slavelake.ca, be sure to include your utility account number or service address.

Failure to submit final read can result in being estimated 10 - 25 m^3 on your final utility invoice.

_____ _____
Signature Date

_____ _____
Please print name clearly Date

The personal information requested on this form is being collected by Municipal Operation as required by the Town of Slave Lake, under the authority of the *Freedom of Information and Protection of Privacy Act* (FOIP act) Section 33(c). If you have any questions about the collection or use of your personal information, contact the Town of Slave Lake FOIP coordinator at 780-849-8000.

Return in person, by fax 780-849-2633, or e-mail utilities@slavelake.ca