



Request to Terminate Utility Services

Termination Date: _____ Service Address: _____

Applicant Name: _____ P.A.P. Cancel YES NO

Telephone Home/Cell: _____ E-Mail: _____

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

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 #12-2018.

As per Section 6.1: a deposit paid under Section 4 will be refunded only upon the written request of person and at the discretion of the Chief Administrative Officer.

As per Section 6.2: 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 5, 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 Holders Name: _____

Service Address: _____

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
- Issue a cheque

Mailing Address for refund cheque:

Signed, _____

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 780-849-8018.

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



Pre-Authorized Payment Cancellation

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Roll Number/Utility Account Number

Property Address: _____

Name: _____ Phone: _____

Bank Account Holder

Home

Work

Cell

Name: _____ Phone: _____

Joint Bank Account Holder

Home

Work

Cell

Signature: _____ Final Payment Date: _____

YY/MM

Cancellation Reason: Sold Property/Possession Date: _____

Other: _____

Submit this form at least ten (10) days before your next scheduled withdrawal date by:

Mail: Town of Slave Lake, PO Box 1030, Slave Lake AB T0G 2A0

Email: finance@slavelake.ca

In Person: #10 Main Street SW, Monday to Friday, 8:00 AM to 4:30 PM

Fax: (780) 849-2633

Contact Us: (780) 849-8000, Monday to Friday, 8:00 AM to 4:30 PM

For Office Use Only:

Received By: Fax Mail Email In Person

Entered By: _____ Date Cancelled: _____ Refund Amount: _____