



10511 – 103 Street
High Level, AB
T0H 1Z0
Ph: 780-926-2201
Fax: 780-926-2899

Mail Utility Bills to Renter

Authorization Form

Customer Information

Property Owner's Name	Utilities Account Number
Civic Address of the Rented Property	Property Owner's Primary Phone Number
Renter's Name	Renter's Primary Phone Number
Renter's Mailing Address	
Mailing Address:	
City/Town:	
Province:	
Postal Code:	

Authorization

I, _____ (Property Owner's Name), hereby authorize the Town of High Level to send my monthly Town of High Level Utilities Bill for the Utilities Account shown above in care of the Renter, whose name and mailing address are indicated above.

By signing this agreement, I acknowledge that the Utilities Account will remain in my name and that I will remain ultimately responsible for all amounts charged to my Utilities Account, even though the printed bill will be sent to the Renter.

Authorized Signature for Account (Property Owner)	Second Authorized for Account (If applicable)

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.