



Finance Department
 580 1 Street SE
 Medicine Hat, AB T1A 8E6
 Phone: 403-529-8111
 Fax: 403-525-8696
 E-mail: customer_accounts@medicinehat.ca

OWNER'S RELEASE FORM

With reference to tenants vacating properties listed below, under the ownership of:

<u>OWNER INFORMATION</u>						
Owner Name:			Owner ID: <small>(office use)</small>			
Mailing Address:						
Apt/Unit	Number	Street	City	Postal Code		
Phone Number:			E-mail Address:			
By providing your e-mail address, the City of Medicine Hat will send an e-mail notification to the Owner when a transfer of utilities is scheduled.						
Is there a Property Management Company responsible for the utility bills? Yes No						
Name of Management Company:						
Address of Management Company:						
		Unit	Number	Street	City	Postal Code

Service Address:	Automatic Withdrawal (EFT)	For office use only Location #
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Yes	No
Yes	No
Yes	No

This letter shall serve as permission for the City of Medicine Hat to sign on utilities in the above mentioned name during vacant periods of time, with no further notice to the owner. **It does not come into effect should the address be disconnected due to non-payment by the tenant.**

PLEASE NOTE: You must notify our office in writing once you have sold the below listed properties or you will be held responsible for any utilities consumed during vacant periods.

Signature of Owner

Date