



Customer Service
 580 1 Street SE
 Medicine Hat, AB T1A 8E6 Phone:
 403.529.8113
 Fax: 403.525.8696
 Email: collections@medicinehat.ca

Release of Information

BUSINESS INFORMATION

Property Address:

Apt/Unit Number Street City

Legal Business Name:

Operating as:

(if applicable)

Contact Name:

Email:

Business Phone Number:

Cell Phone:

OWNER / LANDLORD INFORMATION

Owner Name:

Phone Number:

Email:

Preferred method of contact:

Email

Phone

Upon signing this application, I authorize the City of Medicine Hat to provide information regarding my utility account to my landlord as indicated above. This information includes requests for a final read on my utility account, and/or information regarding disconnection of utility services.

This agreement remains in effect until the tenant moves from the address.

Signature of Tenant

Date

Signature of Owner

Date

For office use only