



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

Release of Information

TENANT INFORMATION

Property Address:

Apt/Unit Number Street City

Provide the name and identification of all the Tenants occupying the property.

Tenant Name:

Last First

Date of Birth:

Month Day Year

Identification:

Provide **ONE** of the following ID Numbers: Driver's License/Social Insurance/Passport

Phone Number:

Email:

Tenant Name:

Last First

Date of Birth:

Month Day Year

Identification:

Provide **ONE** of the following ID Numbers: Driver's License/Social Insurance/Passport

Phone Number:

Email:

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.

For office use only

Signature of Tenant

Date

Signature of Owner

Date