



Customer Service
580 1 Street SE
Medicine Hat, AB T1A 8E6
Phone: 403.529.8111
Fax: 403.525.8696
Email: customer_accounts@medicinehat.ca

Temporary Power Service Application

Temporary Service		Application Date:	
Date to Start Services: _____			
Service Address:			
Apt/Unit	Number	Street	City
Applicant Information			
Customer ID: (office use)			
Please provide Certificate of Incorporation and Notice of Directors			
A letter indicating who has been granted signing authority for the company is acceptable if you do not have a Notice of Directors.			
Legal Business Name _____			
Owner Name: _____		Phone Number: _____	
Alternate Contact: _____		Phone Number: _____	
Mailing Address:			
(if different from service address)	Apt/Unit	Number	Street
			City
			Province
			Postal Code
Email: _____			
Paperless Billing: Do you want to receive an e-mail notification of the date and amount due to this email? Yes No			
Access your utility information anytime from the secure internet site by signing up at www.medicinehat.ca/eutility			

The customer as evidenced by his/her signature, hereby contracts with the City of Medicine Hat for the utilities applied for, hereinafter referred to as the "services". The Customer will pay to the City of Medicine Hat all amounts stated on the monthly utility billing for and in consideration of the services provided by the City of Medicine Hat, until such times as the customer applies in writing to have such services discontinued. I hereby agree to abide by all Utility Bylaws and Regulations now and hereafter in force.

Pursuant to s. 33 (a) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an enactment of Alberta. Questions regarding the collection and use of personal information can be directed to the FOIPP Head of Local Body at 403 529 8234.

TEMPORARY SERVICE CHARGES WILL BE BILLED TO YOUR UTILITY ACCOUNT

Signature of Applicant

Date