



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

Residential Utility Sign off Application

Moving Out	Application Date: _____
Date to End Services: _____	Own: _____ Rent: _____
Service Address: _____ <small style="display: block; text-align: center;">Apt/Unit Number Street City</small>	
Applicant Information	
Primary Applicant: _____ <small style="display: block; text-align: center;">Last First Initial</small>	Date of Birth: _____ <small style="display: block; text-align: center;">Month Day Year</small>
Identification: _____	Phone Number: _____
Please provide ONE of the following ID numbers: Driver's License/Social Insurance/Passport	
New Mailing	
Address: _____ <small style="display: block; text-align: center;">Apt/Unit Number Street</small>	
<small>City Province Postal Code</small>	
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.

 Signature of Applicant

 Date