

## RELEASE OF INFORMATION

### TENANT INFORMATION

Property Address:

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

Tenant Name:

Identification:

(Driver's License Number, SIN Number)

Date of Birth:

Month

Day

Year

Phone Number:

E-mail:

Tenant Name:

Identification:

(Driver's License Number, SIN Number)

Date of Birth:

Month

Day

Year

Phone Number:

E-mail:

### OWNER / LANDLORD INFORMATION

Owner Name:

Phone Number:

E-mail Address:

 Preferred Method  
of Contact:

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