



Duplicate Copy Request
Box 420, SUNDRE, AB, T0M 1X0
Fax 403-638-2100

UTILITY ACCOUNT NUMBER:

UTILITY SERVICE STREET ADDRESS:

LANDOWNER NAME:

Phone:

MAILING ADDRESS:

SEND DUPLICATE BILL TO: _____(Provide Name)

_____ (Mailing Address)

I, _____, being the owner of the property described above, hereby request the Town of Sundre Utility department to issue a duplicate copy of my bill to the person/s named above beginning _____, 20_____.

ACKNOWLEDGEMENT:

1. Regardless of the agreement to mail a duplicate bill, the undersigned shall continue to be directly responsible to the Town of Sundre for all rates, charges and other costs connected with providing water, sewer, gas and garbage services to the street address named above.
2. The undersigned understands that if the utility account remains unpaid, the outstanding charges may be transferred to the property tax account respective of the service address described above and/or services will be discontinued.
3. The undersigned agrees to notify our office promptly when there are changes to the information provided herein.

Dated this _____ day of _____, 20_____.

REGISTERED LANDOWNER SIGNATURE

TOWN OF SUNDRE REPRESENTATIVE

The personal information requested on this form is being collected under the authority of the Town of Sundre Utility Bylaws and the Freedom of Information and Protection and Privacy Act (FOIP) Section 33(c). It will be used for the purpose of account administration and may be shared with other Town departments for a consistent purpose. If you have any questions about the collection or use of your personal information, contact the Town of Sundre FOIP Coordinator at (403) 638-3551.