



UTILITIES SERVICE AGREEMENT  
Hamlet of Mirror

for

For Water, Wastewater, and Garbage Collection Services

NAME: \_\_\_\_\_ CO-HABITANT: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ DATE EFFECTIVE: \_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

RESIDENTIAL          COMMERCIAL          APARTMENT          (select one)

OWNED          RENTED          (select one)

DEPOSIT RECEIPT NUMBER \_\_\_\_\_

THE UNDERSIGNED HEREBY REPRESENTS that he/she is the applicant or an authorized agent for the applicant, and that he/she has the authority to sign this contract for utility services consisting of Water, Wastewater and Garbage Collection. The applicant agrees to comply with all provisions of Bylaw 1382/22 of Lacombe County, including payment for all utility services supplied by the County to the above service address until such time as the applicant or authorized agent requests in writing or in person that the contract be terminated. It is understood that in the event of late payment or non-payment, in addition to other remedies Lacombe County may have, the amount owing for utilities services shall bear a penalty charge in accordance with the Municipal Government Act and the Hamlet of Mirror Water, Wastewater and Garbage Bylaw 1382/22, and that non-compliance with the provisions of said Bylaw may result in discontinuation of utilities services by Lacombe County. The applicant acknowledges that the failure to receive or the loss of a utility bill will not be accepted as a reason for non-payment.

THE APPLICANT HEREBY AGREES to abide by the terms and conditions specified in the Lacombe County Bylaw 1382/22.

SIGNATURE OF APPLICANT OR AGENT \_\_\_\_\_

DATE \_\_\_\_\_

The information on this form is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for registration and administration of services and programs to the subscriber(s) named in this agreement. If you have any questions regarding the collection, use, or disclosure of this information, please contact the Lacombe County Finance Manager at Lacombe County, RR 3, Lacombe, AB, T4L 2N3, or 403-782-6601.

FOR OFFICE USE ONLY	
Information Received by: _____	Date Entered: _____
Utility Account #: _____	
Roll #: _____	