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APPLICATION TO DISCONNECT UTILITIES

NAME OF OWNER: _____

CIVIC ADDRESS TO DISCONNECT: _____

FORWARDING ADDRESS: _____

PHONE (HOME): _____ CELL: _____

E-MAIL ADDRESS: _____

DATE OF APPLICATION
 DAY _____ MONTH _____ YEAR _____

TURN OFF DATE
 DAY _____ MONTH _____ YEAR _____

SIGNATURE OF REGISTERED LAND OWNER _____



OFFICE USE ONLY:

ELECTRONIC ID: _____

METER READING: _____ METER READ DATE: DAY _____ MONTH _____ YEAR _____

ACCOUNT NUMBER: _____ ROLL NUMBER: _____

CHARGES TO ACCOUNT:	RECYCLING	_____	RECYCLING CART	_____
	REFUSE	_____	SEWER	_____
	WATER	_____	OTHER	_____

ACCEPTED BY (initial): _____