



City of Lacombe P: 403-782-6666  
5432 – 56 Avenue F: 403-782-5655  
Lacombe, AB T4L 1E9 E: [Utilities@lacombe.ca](mailto:Utilities@lacombe.ca)

## Monthly Utilities Duplicate Invoice Authorization & Waiver Utility Account

Service Address:	_____ Lacombe, AB	Postal Code: _____
	<i>Unit #, Street #, Street</i>	
Rental Date: _____	<b>INTERNAL USE ONLY - Utility Account #:</b> _____	

<b>OWNER(S) INFORMATION</b>		
Name(s):	_____	_____
	<i>First Name(s)</i>	<i>Last Name(s)</i>
Phone Number: _____	<i>Alternative Number:</i> _____	
Mailing Address: <input type="checkbox"/> Same as Service Address, or:		
_____	City, Prov. _____	Postal Code: _____
	<i>Unit #, Street #, Street</i>	
<b>INTERNAL USE ONLY – Client Code:</b> _____		

<b>AUTHORIZATION</b>	
<b>We/I, the registered Owner(s) of the Service Address, agree to have a duplicate copy of our/my Monthly Utilities Invoice sent to the Service Address. As the Owner, we/I acknowledge:</b>	
<i>Please initial below</i>	
<input type="checkbox"/>	The utility account is in the Owner's name.
<input type="checkbox"/>	The monthly invoices will be in the Owner's name.
<input type="checkbox"/>	Delinquent amounts will be transferred to the Owner's tax roll without further written notice to the Owner.

<b>WAIVER</b>	
<b>We/I, the registered Owner(s) of the Service Address, understand that we are responsible for the Monthly Utilities Invoice. Further, we/I acknowledge that the invoicing will be in the Owner's name and accept the risk that if the occupant of the Service Address fails to pay the Monthly Utilities invoice when due, the outstanding balance and any applicable fees and penalties as set out in the City Bylaw, will be added to the Owner's tax roll pursuant to the City Bylaw, without further written notice to the Owner.</b>	
<b>We/I certify that the information given on this form is true and complete to the best of our/my knowledge and acknowledge our/my authorization of the information to be used for the purposes identified.</b>	
Registered Owner Signature: _____	Date: _____
Registered Owner Signature: _____	Date: _____

**FOIP Notification Statement**

The personal information that you provide to the City of Lacombe is collected under the authority of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act – Section 33(c). The information will be used for the purpose of managing and administering Utility Account Services. Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the FOIP Act, and can be reviewed and corrected upon request. Questions regarding the collection of personal information can be directed to: FOIP Coordinator, City of Lacombe, 5432-56 Ave, Lacombe, AB T4L 1E9, Tel. 403-782-1281 or [foip@lacombe.ca](mailto:foip@lacombe.ca).