



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)

## Request for Disconnection of Utility Services

### PERSONAL INFORMATION

Date of Request: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*First Name Last Name*

Service Address: \_\_\_\_\_  
*Unit #, Street #, Street, City, Province, Postal Code*

Mailing Address:  Same as above or: \_\_\_\_\_  
*Unit #, Street #, Street, City, Province, Postal Code*

Phone Number: \_\_\_\_\_ (Daytime) \_\_\_\_\_ (Alternative)

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Absent from: \_\_\_\_\_ until \_\_\_\_\_  
*Minimum 60 days*

Reason for Disconnection: \_\_\_\_\_

I/We do hereby make the above noted request with the understanding that I/we will be responsible for the monthly fees for water, wastewater, and solid waste service during the period of my/our absence from the property listed above. I/we will notify the City of Lacombe immediately to have all services restored upon my/our return. I/we acknowledge that I/we are responsible for the payment of all fees related to this service being provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **PROCESSING INFORMATION** (to be completed by City of Lacombe)

Account # _____	Route # _____
Request Received by _____	Date: _____
Meter Slip done: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Disconnect Completed by _____	Date: _____
Reconnect Completed by _____	Date: _____
Disconnect Fee charged: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date: _____
Reconnect fee charged: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	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).