



Please return form to:
 City of Beaumont - Utilities
 5600 - 49 Street
 Beaumont AB T4X 1A1
 Phone: 780-929-1351
 Fax: 780-929-8729
 Email: utilities@beaumont.ab.ca

TRANSFER TO NEW LOCATION WITHIN BEAUMONT

Water/Sewer Account and Curbside Collection

SECTION 1 - SERVICE ADDRESS INFORMATION			
Purchased Home <input type="checkbox"/> Yes <input type="checkbox"/> No		Sold Property <input type="checkbox"/> Yes <input type="checkbox"/> No	
IMPORTANT INFORMATION: If NO to either one of the above, please be aware that all utility accounts must be in property title owner's name. Please have the owner fill out the rental application if moving in. If renter is moving out, we no longer do a final bill for the renter, we bill the regular bi-monthly billing.			
Move in Date:		Move out Date:	
Utility Account No: (Internal Use Only)		Utility Account No: (Internal Use Only)	
Service Address:		Service Address:	
Beaumont AB	Postal Code:	Beaumont AB	Postal Code:
A \$75.00 Connection/Administration Fee will be charged on your first bill of your NEW account.			
SECTION 2 - HOMEOWNER(S) INFORMATION			
Name:		Name:	
Home Phone:		Home Phone:	
Work/Cell Phone:		Work/Cell Phone:	
Customer No: Internal Use Only		Customer No: Internal Use Only	
OTHER CITY APPLICATIONS YOU MAY NEED			
Pre-Authorized Payments (PAP) Change Forms for: Property Taxes and/or Utility Account Application		New Pet License Application New Business License Application	
<input type="checkbox"/> Already have a Business License - transfer to new location.			
SECTION 4 - AUTHORIZATION			
We/I, the registered Owner(s) of the above service address understand we/I are responsible for the Utility Bills. Non-payment of the Utility Bills will result in either disconnection and/or transfer of outstanding balances to your tax account pursuant to City Bylaws. We/I understand that the old account balance will be transferred to the new account.			
We/ I certify that the information given on this form is true and complete to the best of my knowledge and acknowledge my authorization of the information to be used for the purposes identified above.			
Registered Owner Signature: _____ <small>(print name here)</small>			Date:
Registered Owner Signature: _____ <small>(print name here)</small>			Date:
<small>The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose setting up, managing and administering your account with the City of Beaumont, and may be communicated to relevant City Business Units. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.</small>			
FOR OFFICE USE ONLY			
Cart Ordered <input type="checkbox"/>	Requested Read/Meter <input type="checkbox"/>	Meter Installed <input type="checkbox"/>	Route:
Date:	Read 1: Read 2:	Date:	Sequence:
Processed Move In:	Processed Move Out:	Comments:	