



Residential Rental Application **Water and Sewer**

Effective Date: _____ Account#: _____

**Completion of this form and payment of the associated deposit is required
prior to the City opening a utility service account in the name of a property renter.**

Service Address: _____ Postal Code: T9E _____

Mailing Address: _____
(If different from service address)

Landlord's Name: _____ Address: _____

Primary Applicant: _____ Customer # _____
First Name Middle Initial Last Name

Phone #: _____ Email: _____
By providing your email address you consent to receive your bills via email.

Additional Applicant: _____ Customer # _____
First Name Middle Initial Last Name

Phone #: _____ Email: _____
By providing your email address you consent to receive your bills via email

TERMS AND CONDITIONS:

1. Upon being assigned a utility service account, the Applicant(s) agrees to pay all applicable utility charges incurred at the above-noted Service Address until the City closes the account.
2. Prior to assignment of a utility service account the Applicant shall pay a deposit ("Deposit") of \$225.00, to be held by the City and applied to the final bill.
3. Payment of current billings must be received by the due date; past due amounts are subject to a 2.5% penalty on the overdue amount. Any balance owing after the account has been closed must be paid in full by the due date indicated on the final bill. Any amount outstanding after 90 days will be sent to collections.
4. Any refunds of the Deposit will be issued to the Primary Applicant. The City will not issue any Deposit refund more than two (2) years beyond the closure of a utility service account.
5. The Applicant(s) consents to the City releasing utility account payment history to the Landlord.

I confirm that I understand and agree to the above terms and conditions.

Signature of Primary Applicant

Signature of Additional Applicant

Date

Date

Personal information collected on this form is collected for municipal financial operations subject to Section 3(c) of the Freedom of Information Protection of Privacy Act. Should you have any questions regarding the information collected on this form you may contact the FOIP Coordinator's Office at City of Leduc, #1 Alexandra Park, Leduc, AB, T9E 4C4 P: 780-980-7173.