



## UTILITIES CHANGE FORM

Property Address:	Date:
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Disconnect Information	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Owner <input type="checkbox"/> Commercial/Tenant		
	Account #:	N/A:	
	Applicant:		
	Forwarding Address:		
	Town/City:	Prov:	Postal Code:
	☎ P:		
	✉ E:		
	<input type="checkbox"/> Email final invoice		Lawyer:
	Autopay Cancel Date:		Delete Autopay Docushare: <input type="checkbox"/> Yes <input type="checkbox"/> No

Connect Information	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Owner <input type="checkbox"/> Commercial/Tenant		
	Account #:	N/A:	
	Applicant:		
	Address:		
	Mailing Address: <span style="color: red; font-size: small;">If different than above</span>		
	Town/City:	Prov:	Postal Code:
	☎ P:		
	✉ E:		
	<input type="checkbox"/> Email invoices		Lawyer:
Auto Pay Start Date:		Scan Autopay to Docushare: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Billing Info	<input type="checkbox"/> Remove Bin	W/O#	<input type="checkbox"/> Cancel WMFC
	<input type="checkbox"/> New Bin Agreement	<input type="checkbox"/> Lease <input type="checkbox"/> Owned	Bin #:      WMFC # of pick up/week:
	Initial/Final Meter Read:		
	Business License#: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cancel Business License? <input type="checkbox"/> Yes <input type="checkbox"/> No

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