



## UTILITIES CHANGE FORM

|                   |       |
|-------------------|-------|
| Property Address: | Date: |
|-------------------|-------|

|                           |   |       |  |
|---------------------------|---|-------|--|
| Disconnect<br>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<br>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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