

Municipal District of Taber

Tenant Permission Form

ACCOUNT#:	Effective Date:
Property Address:	
Owners Name:	Owners Phone#:
I would like to have the MD of Taber utili	ty invoices forwarded to the tenant until further notice.
Tenant's Name:	Tenant's Phone#:
Tenant's Mailing Address:	
I understand that as the registered owne and that I will be responsible for them.	r any utilities outstanding over 90 days will be transferred to the tax account
DATE:	
REGISTERED OWNER (PRINT):	
REGISTERED OWNER (SIGNATURE):	