



EMAILING AUTHORIZATION FORM

APPLICANT INFORMATION

Name(s): _____

Property Civic Address: _____

Mailing Address: _____

Phone Number(s): _____

Office Use Only

Customer ID: _____ Address ID: _____

EMAIL ADDRESS: _____

Property Tax Roll Number(s): _____

Utility Account Number(s): _____

Accounts Receivable Account(s): _____

Effective Date: _____

Initials	Terms & Conditions
	1. I consent that all the notices, bills, invoices and communications for my above accounts will be provided by email to the email address listed above, and I will no longer receive a paper copy.
	2. I understand that it is my responsibility to provide the correct email address and to inform the Town of Stettler in writing of any changes to this email address.
	3. I understand that non-receipt of my notices, bills, or invoices is not justification for late payment and penalties will not be waived as a result.

I have read, initialed, understand and consent to the terms and conditions of the Emailing Authorization Form as stated above and I acknowledge that the information provided on this form is complete and accurate.

Signature: _____ **Date:** _____

FOIP Notification: The personal information you provide is being collected under the authority of Section 32 of the Freedom of Information and Protection of Privacy Act and is used solely for the purposes relating to the administration of taxation services, utility, accounts receivable, and account administration. Questions about the collection or use of this information can be directed to the Town of Stettler's Assistant CAO at 403-742-8305.

Office Use Only
Received By (Initials): _____