

FOR OFFICE USE ONLY

Date (m/d/y): _____ Residence Utility no.: _____

APPLICATION REQUIREMENTS

To sign off on your transfer station cards, please submit this completed form, including any support documentation (if required), to the County Administration Office at the address indicated in the footer.

ACCOUNT HOLDER INFORMATION

Full name of registered account holder: _____

Mailing address: _____ Town/hamlet: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Rural address: _____

REASON FOR SIGN-OFF

No dwelling

Unoccupied

Property sold*

**Attach proof of sale*

Waste bin located on property**

***Attach copy of last invoice*

AUTHORIZATION

I hereby make application to Lac Ste. Anne County for deactivation of my transfer station utility account. By signing this form, I certify that I am the registered account holder indicated above, and that I agree to these terms.

Account holder name

Account holder signature

Date