

To activate your Transfer Station Card(s), please submit this completed form (along with payment of the Utility Fee) to Lac Ste. Anne County at the address indicated at the bottom of this form.

**PLEASE NOTE:** This form is to be completed by the Utility Account Holder.

Municipal address: \_\_\_\_\_

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**UTILITY ACCOUNT HOLDER**

First or given name(s): \_\_\_\_\_ Last name: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Town/city: \_\_\_\_\_ Postal code: \_\_\_\_\_

Email address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

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**AUTHORIZED USER(S)**

User one: \_\_\_\_\_ User two: \_\_\_\_\_

**PLEASE NOTE:** Only the **authorized user(s)** identified in the fields above will be authorized to use the Transfer Station Cards. These cards can be registered to a maximum of two users only. Photo ID will be required at the Transfer Station.

I hereby make application to Lac Ste. Anne County for activation of my Transfer Station Cards. I understand that failure to keep payments current may result in a disruption of utility services.

I am the registered utility account holder of the property indicated above and I agree to the terms established herein.

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**ACKNOWLEDGMENT OF CARD(S) RECEIVED**

Xpresspost™ requested; fee of \$25.00 paid by cash, credit card, or cheque.

One (1) card received **OR**  Two (2) cards received

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY** Utility account #: \_\_\_\_\_

This personal information is being collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. For questions about the collection, use or disclosure of this personal information, please contact Lac Ste. Anne County's FOIP Coordinator at the address below.

Box 219, Sangudo AB T0E 2A0

T 780.785.3411 TF 1.866.880.5722 F 780.785.2985 E LSAC@LSAC.ca [www.LSAC.ca](http://www.LSAC.ca)