



## PROOF OF UTILITY DISCONNECTION

CIVIC ADDRESS: \_\_\_\_\_

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ PLAN: \_\_\_\_\_

UTILITY PROVIDER: \_\_\_\_\_

DATE OF DISCONNECTION: \_\_\_\_\_

***Demolition and/or removal of buildings on the above noted lands may proceed safely.  
We acknowledge that all utilities have been removed or disconnected to our satisfaction.***

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDITIONAL INFORMATION (if required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to: **TOWN OF BLACKFALDS**  
**Attention: Planning and Development Department**  
**Fax: 403.600.0045**  
**Email: [planning\\_development@blackfalds.com](mailto:planning_development@blackfalds.com)**