

TENANT AUTHORIZATION FORM TO RELEASE UTILITY ACCOUNT INFORMATION TO LANDLORD

Owner's Name(s):				
Property Address:	Street	City		Postal Code
Tenant's Information:				
Move in date:				
Name(s):				
Email:		Phone number(s)	:	
Mailing Address:	Street	City		Postal Code
By signing this form, I/we authorize the Municipality of Kincardine to release information related to my/our utility account to the property owner including but not limited to discussions of billings, payments, balances and the provision of billing invoices and statements.				
Tenant's Signature:			_ Date:	
Tenant's Signature:			_ Date:	

Please submit in person, mail, fax, or e-mail to utility@kincardine.ca

Personal information is collected under the authority of the Municipal Act, 2001 for the purposes of creating a record to be used for release of tenant utility information related to a property address to the owner of that property. Questions about the collection of personal information may be addressed to the Clerk of the Municipality of Kincardine, 1475 Concession 5, R.R. 5 Kincardine ON N2Z 2X6 Phone: 519-396-3468

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