



# Utility Change of Ownership Form

Return Form to:

County of Northern Lights Utilities

PO Box 10

Manning, AB T0H 2M0

Phone: 780.836.3348 Fax: 780.836.3663

Email: [johnsond@countyofnorthernlights.com](mailto:johnsond@countyofnorthernlights.com)

**The intent of this form is to transfer the ownership of the utilities from the seller to the new owner.**

## SERVICE LOCATION INFORMATION

Applicant Type  Purchaser  Seller

If the seller (Previous Account Number) \_\_\_\_\_

Effective Date of (Purchase/Sale) \_\_\_\_\_ (mm/dd/yy)

## LEGAL DESCRIPTION OF PROPERTY

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Plan Number      Block      Lot

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Quarter      Section      Township      Range      Meridian

\_\_\_\_\_      \_\_\_\_\_  
Rural Address      Property Tax Roll Number

## OWNER DETAILS

\_\_\_\_\_      \_\_\_\_\_  
Last Name      First Name

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Mailing Address      City, Town, Hamlet Etc.      Prov      Postal Code

\_\_\_\_\_      \_\_\_\_\_  
Primary Phone      Primary Email