



## UTILITY VERIFICATION FORM

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

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

CITY/TOWN: \_\_\_\_\_

**This is to verify that the above-named tenant has applied for the following utilities to be hooked up at the location stated above:**

<p>_____</p> <p><b>WATER DEPARTMENT (306-777-7000)</b></p> <p>2025 Victoria Avenue</p>		<p>_____</p> <p><b>EFFECTIVE DATE</b></p>
<p>Contact SaskEnergy by phone at <b>1-800-567-8899</b> to apply for this utility service to be hooked up in your name. They will provide you with an account number to record below.</p>		<p><i>OFFICE USE ONLY</i></p>
<p>Acct# _____</p> <p><b>SASKENERGY</b></p> <p>1601 Winnipeg Street</p>	<p>_____</p> <p><b>EFFECTIVE DATE</b></p>	<p>(initials) _____</p> <p><b>NAMERIND VERIFIED</b></p>
<p>Contact SaskPower by phone at <b>1-888-757-6937</b> to apply for this utility service to be hooked up in your name. They will provide you with an account number to record below.</p>		<p><i>OFFICE USE ONLY</i></p>
<p>Acct# _____</p> <p><b>SASKPOWER</b></p> <p>2025 Victoria Avenue</p>	<p>_____</p> <p><b>EFFECTIVE DATE</b></p>	<p>(initials) _____</p> <p><b>NAMERIND VERIFIED</b></p>