



P.O. Box 1538
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Transfer Service Request

Date _____

Requester(s) Name _____

Owner(s) on Land Title _____

Mailing Address _____

City/Province _____

Postal Code _____ Email _____

Phone _____ Cell _____ Other _____

Service Use

Residential _____ Agricultural _____ Commercial/Industrial _____ Oil & Gas _____

Site ID _____ Meter # _____

Land Location _____

Subdivision Name _____ Plan _____ Block _____ Lot _____

Civic Address _____

Parcel Size _____ (+/- acres or hectares)

For BMPC to conduct a bill comparison analysis, please attach 12 months of past utility invoices.

Additional Comments _____

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