



Utility Credit Reference Request

penticton.ca

I hereby request & authorize the City of Penticton to provide the following information on my utility account(s) to by at and I agree to pay the required fee.

Customer name:

Service address:

Period of service:

Account #: or GL Acct #: OPR694-013

Signature: Date:

Account Information – To be filled out by City of Penticton

Account name(s):

Actual service dates: Connection: Disconnection:

Payment History (most recent 12 month period):

Number of times in arrears:	<input type="text"/>
Number of times disconnected for non-payment:	<input type="text"/>
Number of returned cheques:	<input type="text"/>

Additional Information:

Completed by:

Date:

Phone: 250-490-248 Fax: 250-490-2422 Email: utilities@penticton.ca