

___ Entered By: ____ Checked By: ____

Billing Account Number: **Service Address** _ Signature: ____ Fax: 975 7975 Mail: Box 1788, Saskatoon, SK S7K 8E1 Date: _ yy/mm/dd Email: revenue@saskatoon.ca Final billing date to be **Daytime** paid by Direct Debit: Phone: In Person: Customer Service, Revenue Branch Monday to Friday, 8:00 a.m. to 5:00 p.m. Contact Us: (306) 975 2400 or 1 800 667 9944 Please submit this form two weeks before your account's billing date. Monday to Friday, 8:30 a.m. to 4:30 p.m. If you have any questions regarding this cancellation, please contact us. Email: _ Fax: In Person: Received By: Phone: Mail:

Date Entered:

Last Name/First Name or Company Name

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