

\_\_\_\_\_  
Last Name/First Name or Company Name

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Billing Account Number:

**Fax: 975 7975 Mail: Box 1788, Saskatoon, SK S7K 8E1**

**Email: revenue@saskatoon.ca**

**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  
Monday to Friday, 8:30 a.m. to 5:00 p.m.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
yy/mm/dd

**Final billing date to be** \_\_\_\_\_ **Daytime**  
**paid by Direct Debit:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
yy/mm/dd

**Please submit this form two weeks before your account's billing date.  
If you have any questions regarding this cancellation, please contact us.**

Received By: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mail: \_\_\_\_\_ Email: \_\_\_\_\_ In Person: \_\_\_\_\_

**OFFICE USE ONLY**

Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_ Checked By: \_\_\_\_\_  
yy/mm/dd