



# Tenant Information Form

## Residential Tenant Occupancy

Mail Tenant Applications to: City of Brantford, Customer Services – Utilities, 220 Colborne St., PO Box 515, Brantford, ON N3T 6L6  
Email Scanned Tenant Application to: [customerservices@brantford.ca](mailto:customerservices@brantford.ca)  
Telephone: 519-756-1360 Fax: (519) 753-9884

### TENANT

I (We) \_\_\_\_\_

Please print the name(s) of the tenant(s)

Service address location: \_\_\_\_\_

Occupancy Date: \_\_\_\_\_ Landlord name: \_\_\_\_\_

I (We) declare that:

- I (We) are the Tenant(s)/Occupant(s) of the property at the above noted service address.
- I (We) acknowledge that we are responsible to pay, jointly and severally, all water & sewer bills when they are due for the above noted service address for the period I (we) are tenants/occupants.
- I (We) understand that the City of Brantford will pursue all its legal remedies against me (us) to collect any unpaid balances outstanding on my (our) account.
- I (We) acknowledge that we are responsible to notify the City of Brantford of all tenant(s), occupant(s), and/or any tenancy changes.
- I (We) understand that the City of Brantford may require a minimum security deposit as per the Water and Wastewater Billing & Collection Policy and the account will be charged a \$30.00 Account Set-up / Change of Occupancy fee.
- I (We) agree and consent to the City of Brantford mailing late payment or collection notices to the Owner(s) of the property, and the City of Brantford may communicate to my (our) landlord the amount of the arrears on the account.
- I (We) agree to give the City of Brantford free access to the premises during regular business hours to allow the City to read, repair, remove and replace meters.
- I (We) acknowledge that the City of Brantford has the right to cut off the supply of utilities and to remove the meter or related fixture(s) whenever the bill for these utilities is in arrears, or I (we) are in breach of this agreement.
- I (We) agree to the City of Brantford obtaining my personal credit information, and disclosing my personal credit information to and from other lenders, credit bureaus or other credit reporting agencies.
- I (We) acknowledge and agree that this shall be the City of Brantford's full and sufficient authorization to use the information supplied to assist in the collection of overdue accounts. The City of Brantford reserves the right to add a service charge (per the City of Brantford's Fee & Charges By-law) plus the cost of running a credit report if my (our) account is in arrears.

Tenant(s) Work Telephone:	<input type="text"/>	Date of Birth (mm/dd/yy)	<input type="text"/>
Tenant(s) Home Telephone:	<input type="text"/>	Driver's License #:	<input type="text"/>
Tenant(s) Cellular Telephone:	<input type="text"/>	Place of Employment:	<input type="text"/>

Tenant(s) Email Address:

Tenant(s) previous address in Brantford was:

### SIGNATURES:

– All adult occupants responsible to pay fees and charges at this service address

Tenant Name(s) and Signature(s)	Date
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

The Corporation of the City of Brantford is subject to the Municipal Freedom of Information and Protection of Privacy Act with respect to, and the protection of, information under its custody and control. Personal information is collected pursuant to sections 2, 4, 8, 9, 10, 81, and 391 of the Municipal Act, 2001 and may be used for (i) administration of this agreement; (ii) City's insurance purposes (including defense of claims); (iii) the collation of group and meta data; (iv) assessment of the program generally; and (v) as otherwise permitted or required by law. If you have questions regarding the collection, use or disclosure of personal information collected under or pursuant to this Agreement, please contact the City Clerk's Division, City of Brantford, 100 Wellington Sq., PO Box 818, Brantford, ON N3T 5R7 .