



**Authorization and Release Form**  
Consent to a One-Time Release of Information

I, \_\_\_\_\_ authorize ATCO Gas to provide **one-time** for  
Customer Name (please print)

\_\_\_\_\_  
Service Address / \_\_\_\_\_  
Site ID

the following distribution information:  
\_\_\_\_\_

*NOTE: To ensure the most efficient handling of your request, please be specific.<sup>1</sup>*

This information is to be released one-time to the following person:

\_\_\_\_\_  
Individual's Name / \_\_\_\_\_  
Company/ Organization (where applicable)

Telephone number, including area code \_\_\_\_\_

I authorize the one-time release of information to be disclosed in the format specified below  
(please provide details):

- Fax      Number with area code: \_\_\_\_\_
- Mail      Mailing address: \_\_\_\_\_
- E-mail    Email address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Enrolled Site Customer / \_\_\_\_\_  
Date

Return completed form to:

Fax: 1-844-508-4824  
Mail: Attn: Customer Correspondence, ATCO Gas  
10035 - 105<sup>th</sup> St.  
Edmonton, AB  
T5J 2V6  
Email: [hotline@atcogas.com](mailto:hotline@atcogas.com) (must be scanned version with customer signature)

<sup>1</sup>NOTE: Where charges for historical information apply, ATCO Gas will advise the requesting party prior to processing the request and, upon receipt of payment, provide the information as noted above.