

## Customer Requested De-Energization Authorization

To disconnect residential service when there is the possibility of overnight temperatures below 0°C and/or between the dates of November 1<sup>st</sup> to April 15<sup>th</sup>, the following waiver must be completed and submitted to ATCO Gas with the required electronic transaction request.

Site ID: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Owner Name (please print): \_\_\_\_\_

I, \_\_\_\_\_ (name of owner), acknowledge that I am aware of the impacts of this request and am solely responsible to protect this property, as well as ATCO Gas pipes and facilities at \_\_\_\_\_ (premises address).

\_\_\_\_\_

Signature