



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 1st to April 15th, 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

Date Signed