



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 to April 15, the following waiver must be completed and submitted to **ATCO Gas** with the required electronic transaction request.

Site ID

Premise Address

Property Owner (Please Print)

I _____ (Property 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

_____ (Premise Address) on this

_____ day of _____ in _____, Alberta.

Signature

Please send completed forms by fax 1-877-420-3777 or email regulated@directenergy.ca