



## 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 [ders\\_inquiries@directenergy.com](mailto:ders_inquiries@directenergy.com)