



REGIONAL MUNICIPALITY  
OF WOOD BUFFALO

\* = Required

## Service Completion Notification

<b>Customer Information*</b>	<b>Contractor/Installer*</b>
Name	Name
Address	Address
Phone	Phone

## Statement of Certification

I hereby certify that the piping system has been installed and tested

- i. in compliance with the Safety Codes & Regulations and CSA B149.1 and
- ii. this installation is ready for gas service activation

## Appliance Check\*

Please indicate all appliances checked.

- |  |                                       |                                |                                    |                                |
|--|---------------------------------------|--------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> House Furnace | <input type="checkbox"/> Water Heater | <input type="checkbox"/> BBQ   | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Range |
| <input type="checkbox"/> Dryer         | <input type="checkbox"/> Garage       | <input type="checkbox"/> Other | <input type="checkbox"/> Other     | <input type="checkbox"/> Other |

## Air Test\*

If air test not required, please indicate with your initials in the space below.

Duration \_\_\_\_\_ PSI \_\_\_\_\_ Not required \_\_\_\_\_ Initial here \_\_\_\_\_

## Gas Service Connection

Is Gas Service connected to meter?  Yes  No

**Signature\*** \_\_\_\_\_

**Print Name\*** \_\_\_\_\_

**Gas Fitter Certificate No.\*** \_\_\_\_\_

**Business License No.** \_\_\_\_\_

**Date** \_\_\_\_\_

Please email a scan or photo of this completed form to [hotline@atcogas.com](mailto:hotline@atcogas.com) to have gas service unlocked.