

| Member information | | | |
|---|--------------------------|--|--|
| Billing account number | | Date (MM/DD/YYYY) | |
| Please complete Section - 1 for all requests: | | | |
| Site enrollment | <input type="checkbox"/> | (Section 2) site ownership transferred to your company (purchased or moved to a new building) | |
| Site energize | <input type="checkbox"/> | (Section 3) request to turn on power/gas (new site, temporary de-energize) | |
| Site de-enrollment | <input type="checkbox"/> | (Section 4) site ownership transferred away from your company (sold or moved out of a building) | |
| Site de-energize | <input type="checkbox"/> | (Section 5) request to turn off power/gas (onsite maintenance or work) | |
| Salvage | <input type="checkbox"/> | (Section 6) request to turn off power/gas (power shut off permanently, demolition, facility tear down) | |
| Change site information | <input type="checkbox"/> | (Section 7) | |

| Section 1: Site and customer general information (*required fields) | | | |
|---|--|---------------|--|
| Customer name* | | Phone number* | |
| Mail address for invoicing* | | Fax number* | |
| Description (for billing)* | | Site ID | |
| Site cost center codes | | Requested by* | |
| Reason for request* <small>(Moving, Site being demolished, etc.)</small> | | | |

| Section 2: Site enrollment (*required fields) | | | |
|--|---|---|---|
| Site address or legal land* | | Emergency phone number* | |
| Emergency contact person* | <small>(First)</small> | <small>(Middle)</small> | <small>(Last)</small> |
| On site generation | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Reason: |
| Critical to have energy | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Reason: |
| WSP/LDC* | Wires Service Provider (Power) <input type="checkbox"/> | | Local Distribution Co. (Gas) <input type="checkbox"/> |
| Premise ID/Account ID <small>(AltaGas only)</small> | Rate type <small>(gas only)</small> | Requested enrollment date* <small>(MM/DD/YYYY)</small> | |

| Section 3: Site energize (*required fields) | | | |
|---|------------------------|---|-----------------------|
| Contact person* | <small>(First)</small> | <small>(Middle)</small> | <small>(Last)</small> |
| Phone number* | | Requested energize date* <small>(MM/DD/YYYY)</small> | |

| Section 4: Site de-enroll (*required fields) | | | |
|--|--|----------------------|--|
| Requested de-enroll date* | | Reason for de-enroll | Sold <input type="checkbox"/> Moved out <input type="checkbox"/> |

Section 5: Site de-energize (Salvage option) (*required fields)

| | | | |
|-----------------|--|-----------------------------|---------|
| Contact person* | (First) | (Middle) | (Last) |
| Phone number* | Requested de-energize date* (MM/DD/YYYY) | | |
| Salvage site | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Reason: |

Section 6: Change site information (*required fields)

| | | | | |
|-----------------------------|------------------------------|-----------------------------|---------|-----------------------|
| Site address or legal land* | Emergency phone number* | | | |
| Emergency contact person* | (First) | (Middle) | (Last) | Emergency fax number* |
| On site generation | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Reason: | |
| Critical to have energy | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Reason: | |
| Description (for billing)* | | | | |
| Site cost center codes | | | | |

Signature & authorization

This request form represents the customer's intention to enroll, de-enrol or change site information as indicated above with Alberta Municipalities Energy. This information is required to process the request; however a written letter, revised schedule or amendment may be required according to your contract provisions to complete the site request. Alberta Municipalities Energy Customer Care will advise you of any other required documentation upon receipt of this request.

The undersigned as an authorized signatory hereby request and authorize the release of 12 months of load information corresponding to the site ID or meter number listed above. We agree to release and hold harmless the Service Provider from any claims, damages, or expenses resulting from the use of or reliance upon the customer information.

The undersigned is providing authorization to proceed with the above site request.

| | | | | |
|---------------------------|---------|----------|--------|-------------------|
| Customer name | | | | |
| Authorized representative | (First) | (Middle) | (Last) | Position |
| Signature | X | | | Date (MM/DD/YYYY) |

Submission instructions

Please submit the form to energy@abmunis.ca.