



Consent to a One-Time Release of Information

I, _____ authorize ATCO Gas to provide **one-time** for
Customer Name (please print)

Service Address / Site ID

the following distribution information:

NOTE: To ensure the most efficient handling of your request, please be specific.¹

This information is to be released one-time to the following person:

Individual's Name of _____
Company/Organization (where applicable)

Telephone number, including area code _____

I authorize the one-time release of information to be disclosed in the format specified below
(please provide details):

Fax Number with area code: _____

Mail Mailing address: _____

E-mail Email address: _____

Signature of Enrolled Site Customer

Date

Return completed form to:

Fax: (780) 420-7350 or 1-877-420-3613

Mail: Attn: Research & Correspondence, ATCO Gas
10035 - 105th St.
Edmonton, AB
T5J 2V6

Email: hotline@atcogas.com (must be scanned version with customer signature)

¹ NOTE: Where charges for historical information apply, ATCO Gas will advise the requesting party prior to processing the request and, upon receipt of payment, provide the information as noted above.