

SERVICE COMPLETION NOTIFICATION

☐ Temporary Heat			☐ Permanent Heat			Location						
Permit No.:					Lot	Block		ck		Plan		
Permit Issuer:						Quarter	Section	n Town	ship	Range	Meridian	
Premise No.:												
Custor	mer Name:	Rural Address:										
City/Town:						Province: Postal Code:						
Contractor / Installer (Gas Fitter Information)												
Name:						Address:						
City/Town:			F			ovince:			Р	Postal Code:		
Phone:			Cell	Cell:			Email:					
Please indicate the type of meter request you are submitting: Residential Meter Request Commercial Meter Request The following information is used to install the appropriate equipment at your service location. Any missing information may delay activation of your natural gas service. Please enter the number of units and total input BTU rating for each of the following appliances as applicable:												
Furnace(s) Water heater(s) B				BBC	Q(s)	Fireplace(s)			Range(s)			
Units	BTU	Units	BTU	Units	6	BTU	Units	BTU		Units	BTU	
Dryer(s)		Garage(s)		Н	otsy P Wash	ressure ner(s)	Boiler(s)			RUA		
Units	BTU	Units	BTU	Units		BTU	Units	BTU		Units	BTU	
MUA		RH		Othe	r		Other			Temporary/ Construction Heat		
Units	BTU	Units	BTU	Units	3	BTU	Units	BTU		Units	BTU	
Gas Service is connected to Meter? Yes \(\square\) No \(\square\)							Air Test Duration PSI					
I hereby i) ii)	certify that the properties of	ith the	Safety Codes A	Act & Re	gulatio		A B149.1	I; and				
☐ I cor	nfirm that the in	format	ion provided o	on this f	orm is	s correct.						
Print Name:						Date:						
AB Gas Fitter Certificate No.:						Signature						

All fields in this form must be completed and emailed to permits@apexutilities.ca. Apex Utilities Inc. will not issue a work order to install your meter until this completed form and a copy of the permit is provided.

Page 1 of 1 Version I .00