

REQUEST FOR DISCONNECTION OF SERVICE

Please contact our office to confirm your request

Name of Main Customer / Applicant:	
Name of Financially Responsible / Co-Applicant:	
Payment Account Number:	
Address to be Disconnected:	
Requested Disconnection Date:	
Name of New Owner (if known):	
Name of Landlord (if renting):	
Forwarding/New Mailing Address	
Box #/ Street:	
City:	
Province:	_ Postal Code:
Cell #:	Work #:
Email Address:	
Signature of Main Customer / Applicant:	
Signature of Financially Responsible / Co-Applicant:	

ATCO Electric Yukon

100-1100 Front Street Whitehorse, Yukon Y1A 3T4

Email: atcoelectricyukonbilling@atco.com

Tel: **1-800-661-0513 or 867-633-7000**