

REQUEST FOR POWER – BUSINESS ACCOUNT

The SECURITY DEPOSIT is calculated at three (3) months in which the billing is expected to be the highest. Please call the office to discuss payment of Security Deposit and Connection Fee

Please include a copy of your business license

Business Name:					
Service Address:					
Service Start Date:					
Do you have an existing p	revious account with ATC	O Electric Yukon f	for this Company? Yes No		
Responsible Parties fo	or the Company:				
Owner(s) Name:					
Contact #:		Email:			
Site Contact Name:					
Contact #:		Email:			
Mailing Address (only if di	fferent from service addre	ess above):			
City:	Province:		Postal Code:		
Planned Power Outag	e Notification (only if a	lifferent from cont	tact info above):		
Contact Name (s):					
Contact #:					
Signature:		Signature:			

ATCO Electric Yukon

100-1100 Front Street Whitehorse, Yukon Y1A 3T4

Email: atcoelectricyukonbilling@atco.com

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