

# **ATCO Electric**

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## **YUKON**

### **REQUEST FOR TRANSFER OF SERVICE**

Note a Connection Fee will be charged on your first bill.  
Please contact our office to confirm your request was received.

Address to be Disconnected: \_\_\_\_\_

Service Disconnection Date: \_\_\_\_\_ Do you own or rent this property? ☐ Own ☐ Rent

Name of New Owner (if known) / Landlord (if renting): \_\_\_\_\_

Address Moving To: \_\_\_\_\_

Mailing Address (if Different from above): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Service Start Date: \_\_\_\_\_ Do you own or rent this property? ☐ Own ☐ Rent

Name of New Owner (if known) / Landlord (if renting): \_\_\_\_\_

#### **MAIN CUSTOMER / APPLICANT:**

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License Expiry: \_\_\_\_\_

Driver's License Issuing Province: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

#### **FINANCIALLY RESPONSIBLE / CO-APPLICANT**

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License Expiry: \_\_\_\_\_

Driver's License Issuing Province: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**ATCO Electric Yukon**  
100-1100 Front Street Whitehorse, Yukon Y1A 3T4

Email: [atcoelectricyukonbilling@atco.com](mailto:atcoelectricyukonbilling@atco.com)  
Tel: 1-800-661-0513 or 867-633-7000

**Customer Service Phone Hours:** Monday to Friday 9AM - 4PM  
**In-Person Office Hours:** Monday to Friday 9AM - 4PM

Terms and Conditions of Service are available on our website [atcoelectricyukon.com](http://atcoelectricyukon.com) or upon request.