



## SEASONAL POWER SHUTOFF REQUEST

### Customer Information

Name of Main Customer / Applicant: \_\_\_\_\_

Name of Co-Applicant (if applicable): \_\_\_\_\_

Payment Account Number: \_\_\_\_\_

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

### Disconnection Details

Requested Disconnection Date: \_\_\_\_\_

Reason for Shutoff (check one):    Seasonal Closure    Temporary Vacancy    Other: \_\_\_\_\_

### Forwarding Address/Contact Information for Seasonal Bill

Street/Box #: \_\_\_\_\_

City: \_\_\_\_\_

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

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

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

### Acknowledgment

I acknowledge that disconnection may involve service fees and reconnection charges.

I agree to comply with ATCO Electric Yukon's terms and conditions.

Main Customer/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**Please notify ATCO minimum 10 business days before you would like your power back on.**

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.