

Location		Lot	Block	Plan		
Permit No						
Permit Issuer		Quarter	Section	Township	Range	Meridian
Customer Name			Municipal Address			
City / Town			Province		Postal Code	

Contractor / Installer (Gas Fitter Information)					
Name			Address		
City / Town			Province		Postal Code
Phone		Cell		Email	

Please indicate the type of meter request you are submitting:

- RESIDENTIAL METER REQUEST COMMERCIAL METER REQUEST

Please enter the number of appliances and total input BTU rating for each of the following:

Furnace(s)		Water heater(s)		BBQ(s)		Fireplace(s)		Range(s)	
Units	BTU	Units	BTU	Units	BTU	Units	BTU	Units	BTU
Dryer(s)		Garage(s)		Hotsy Pressure Washer(s)		Boiler(s)		RUA	
Units	BTU	Units	BTU	Units	BTU	Units	BTU	Units	BTU
MUA		RH		Other		Other		Other	
Units	BTU	Units	BTU	Units	BTU	Units	BTU	Units	BTU

Gas Service is connected to Meter? Yes No Air Test Duration PSI

I hereby certify that the piping system has been installed and tested:

- i) In compliance with the Safety Codes Act & Regulations and CSA B149.1; and
- ii) This installation is ready for gas service activation.

I confirm that the information provided on this form is correct.

Print Name	Date
AB Gas Fitter Certificate No.	Signature

All fields in this form must be completed. AltaGas Utilities Inc. will not issue a work order to install your meter until this completed form and a copy of the permit