

# New Customer Form

Instructions:

1. Save this blank form to your computer.
2. Open the saved form and type in the information as required. Save.
3. Email the completed form to [reception@crossroadsgas.com](mailto:reception@crossroadsgas.com) or fax to 403-227-5750 two weeks prior to the date of change.

(Please mark an X in the box)

Are you a: New Owner:  OR New Renter:  Possession date:  (Month)  (Day)  (Year)

Previous owner or landlord

\*\* FORMAT FOR LEGAL LAND LOCATION: NE 03-36-28-W4 \*\*

Legal Land Location:  Lot/Block/Plan:

\*\* FORMAT FOR MUNICIPAL ADDRESS: 36060 RANGE ROAD 282 \*\*

Municipal Address:

Name(s) on bill:

Mailing Address:

City:  Province:  Postal Code:

Primary Phone & Name:  Alternate Phone & Name:

Are you interested in getting your gas bill by email? Yes:  No:  (Please mark an X in box)

Email Address:

**IF** there is anything that may impede our access to the gas meter in the event of an emergency, such as locked gates or dogs, please let us know below.

Comments:

**Please complete this form and return to us at least two weeks prior to date of change. Submit via email: [reception@crossroadsgas.com](mailto:reception@crossroadsgas.com) OR Fax: 403-227-5750**

**Thank you for filling out this form. A representative will get in contact with you if there is any additional account information needed. If you have signed up to receive your bill by email, a test email will be sent to you including your account information. Thank you!**

