East Smoky Gas Co-op
BOX 118, CROOKED CREEK, ALBERTA T0H 0Y0
PHONE: 780.957.3792 FAX: 780.957.2544
www.esgas.ca admin@esgas.ca

Application for Membership and Natural Gas Service

Name:_____ Date: _____

Address: _____

Home Ph: _____ Work Ph: _____

Cell #: _____ Fax # or Email: _____

_____ ¼ Section _____ Township _____ Range _____ W _____ Meridian

Lot _____ Block _____ Plan Number _____

Subdivision _____

MD Rural Address _____

Notes: _____

_____

How did you hear about us? *Flyer* *Newspaper* *Other* _____

Financing Requested for new Domestic Contract (*please circle*) Yes No

Upon acceptance of this application, the applicant must complete and sign a Customer Contract, outlining all conditions of service.

~ East Smoky Gas will complete this portion of the form ~

New Contract Cost $ _____
Financing Admin Fee (*if applicable*) $ _____
GST $ _____
Total $ _____
Amount to be paid in full at time of application $ _____
How Paid? _____

Tap: _____
Acct: _____ Rural _____
Elev / Walk: _____ Urban _____
GPS: _____ Grain _____
Membership: Y N _____ Federal _____