

GAS SERVICE COMPLETION NOTIFICATION

Town of Wainwright
1018 - 2 Avenue
Wainwright, AB T9W 1R1
780-842-3381



Customer Information*

* = Required Fields

Name _____ Phone _____

Work Site Address _____

Legal Description: Lot(s) _____ Block _____ Plan _____

Contractor/Installer Information*

Name _____ Phone _____

Statement of Certification

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

- i. in compliance with the Safety Codes & Regulations and CSA B149.1 and
- ii. this installation is ready for gas service activation

Appliance Check*

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

House Furnace(s)		Water Heater	
BBQ		Fireplace	
Range		Dryer	
Garage		Other	
Other		Other	

Air Test*

Duration Required _____ PSI _____

Gas Service Connection

Is the Gas Service connected to the meter? ☐ Yes ☐ No

Print Name* _____

Signature* _____

Gas Fitter Certificate No.* _____

Date _____

Please email this completed form to utilities@wainwright.ca or drop off at the Town Office (1018 - 2 Avenue, Wainwright, AB) to have gas services unlocked.