



**SCHEDULE "F"
SERVICE COMPLETION NOTIFICATION**

Location Lot__ Block__ Plan_____
Qtr__ Sec__ Twp__ Rge__ Mer__

Permit No _____
 Permit Issuer _____
 Instillation Name _____
 Address _____
 Contractor / Installer
 Name _____
 Address _____
 Phone _____

THIS FORM MAY **NOT** BE USED FOR
 HOOKING UP "TEMPORARY" HEAT

CALL 780-623-4000
 FOR MORE INFO

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

- i. In compliance with the Safety Codes Act & Regulations and CSAB149.1 and
- ii. This installation is ready for gas service activation

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

House Furnace	Water Heater	BBQ	Fireplace	Range
Dryer	Garage	Other _____	Other _____	Other _____

Air Test: Duration _____ PSI _____

Gas Service Is Connected to Meter Yes _____ No _____
 Active _____ Inactive _____

Signature _____
 Print Name _____
 Gas Fitter Certification No. _____
 Date _____

This form is to be completed and faxed or e-mailed to the Permit Issuer and the Gas Supplier before the gas service will be unlocked.