

Union Gas Attachment Centre
 Phone: 1-866-7721045

-
- Meter Set
-
-
- Meter Turn On
-
-
- Inspection

| | |
|-------------|-----------------|
| Contractor: | Submitted Date: |
| Phone #: | Cell #: |
| Email: | |

All requests will be confirmed within 24 hours of being received. Please select method of confirmation:

-
- The above EMAIL address
-
- The above PHONE number
-
- The above CELL number

PLEASE ALLOW AT LEAST 4 BUSINESS DAYS NOTICE to plan for the meter set / turn on / inspection.

As per Ontario Regulations (O.Reg 212/01,s.7(1), "all appliances connected to a supply of gas for the first time, no person shall put an appliances in the premises into use for the first time until the distributor has examined the installation of the appliance and is satisfied that the installation and use of the appliance are in compliance with the Regulation". The exception being the activation of construction heat by a holder of a certificate or record of training for that purpose. Please be prepared for the inspection by ensuring all equipment is ready.

Access Instructions / Additional Details:

| | |
|----------|----------|
| Contact: | Phone #: |
| | |

| City / Town | Unit # | Civic | Street | Required Date (DD/MMM/YY) | Expected Occupancy Date (DDMMM/YY) | Appliances to be Inspected |
|-------------|--------|-------|--------|---|---------------------------------------|--|
| | | | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> Space Heating <input type="checkbox"/> Water Heater <input type="checkbox"/> Rooftop Heater <input type="checkbox"/> Cooking <input type="checkbox"/> Makeup Air <input type="checkbox"/> <input type="checkbox"/> |
| | | | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> Space Heating <input type="checkbox"/> Water Heater <input type="checkbox"/> Rooftop Heater <input type="checkbox"/> Cooking <input type="checkbox"/> Makeup Air <input type="checkbox"/> <input type="checkbox"/> |
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