

Customer Enrollment Form



The information requested in this form will be used to enroll you for Blatchford Renewable Energy services. While your services are 100% delivered by Blatchford Renewable Energy, we are proud to have EPCOR as our trusted billing partner for our customers. EPCOR is committed to protecting your personal information.

To ensure your request is processed efficiently, please provide the following information and sign the authorization below. Once completed and signed, please send this form to custserv@epcor.com.

Customer Information	
Account Holder's Full Name:	
Service Address:	
Phone:	Email Address:
Mailing Address: <i>(If different from service address)</i>	
Onsite Contact: <i>(If different from account holder)</i>	Phone: <i>(If different from account holder)</i>
EPCOR Account Number: <i>(If applicable)</i>	Service Start Date:

Please indicate the best time for EPCOR to call you: <i>(Monday to Friday; excluding Statutory Holidays)</i>			
<input type="checkbox"/> 8:00 am – 10:00 am	<input type="checkbox"/> 10:00 am – 12:00 pm	<input type="checkbox"/> 12:00 pm – 2:00 pm	<input type="checkbox"/> 2:00 pm – 4:30 pm

By signing this form, you agree to be enrolled for Blatchford Renewable Energy services subject to the District Energy Sharing System Terms and Conditions of Service and to accept billing responsibility at the noted service address. You also agree to Blatchford Renewable Energy providing notice to the Minister of Innovation, Science and Economic Development pursuant to Section 7(1) of the Weights and Measures Regulations regarding the use of the installed metering device.

Signature

Name *(Printed)*

Date Signed