



Yellowknife Office  
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Tel: (867) 873-4865  
Email: [nakapowernwt@atco.ca](mailto:nakapowernwt@atco.ca)

Hay River Office  
1-66 Woodland Drive  
Hay River, NT, Canada, X0E 1G1  
Tel: (867) 874-6879  
Email: [nakapowernwt@atco.ca](mailto:nakapowernwt@atco.ca)

## REQUEST FOR TRANSFER OF SERVICE

Note a Connection Fee will be charged on your first bill.  
Please contact our office to confirm your request was received.

Address to be Disconnected: \_\_\_\_\_

Service Disconnection Date: \_\_\_\_\_ Do you own or rent this property? ☐ Own ☐ Rent

Name of New Owner (if known) / Landlord (if renting): \_\_\_\_\_

Address Moving To: \_\_\_\_\_

Mailing Address (if Different from above): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Service Start Date: \_\_\_\_\_ Do you own or rent this property? ☐ Own ☐ Rent

Name of New Owner (if known) / Landlord (if renting): \_\_\_\_\_

### MAIN CUSTOMER / APPLICANT:

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License Expiry: \_\_\_\_\_

Driver's License Issuing Province: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

### FINANCIALLY RESPONSIBLE / CO-APPLICANT

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License Expiry: \_\_\_\_\_

Driver's License Issuing Province: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

24-hour advanced noticed required. Weekends and holidays are excluded.

Office Hours (Yellowknife): Monday to Friday 9:00 am to 4:00 pm

Office Hours (Hay River): Monday to Friday 9:00 am to 12:00 pm & 1:00 pm to 4:00 pm

Terms and Conditions of Service are available on our website [nakapower.com](http://nakapower.com) or upon request.