



Box 501
600 - 2nd Avenue
Thorhild, AB
T0A 3J0

member owned. member driven.

Acknowledgement of Terms and Conditions of Electrical Distribution Service

Existing Account Holder Information: (All names that appear on Land Title)

Date: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Mailing Address: _____ Phone Number(s): _____

Account Number: _____

I/We have read the Terms and Conditions of Service included with the Application Package, and hereby acknowledge that we, Member-Owners of North Parkland Power REA are required to uphold our stated obligations.

Account Holder Signature: _____

Account Holder Signature: _____

Mail, Fax or Email completed form to:
North Parkland Power, PO Box 509 Thorhild AB, T0A 3J0
Fax: 780 398 2025
Email: contact@npprea.ca