



**COCHRANE LAKE GAS CO-OP LTD.**

209 Railway Street East  
Cochrane, AB T4C 2C3  
Ph: (403) 932-2707 ♦ Fx: (403) 932-2911  
E: admin@clgas.ca

**PAPERLESS BILLING**

I, \_\_\_\_\_ hereby authorize Cochrane Lake Gas Co-op Ltd. to add me to paperless billing and will receive my gas bills via e-mail.

To unsubscribe to this service, please contact our office.

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

**Date:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

For Office Use Only:  
\_\_\_\_\_  
\_\_\_\_\_

**BE A PART OF THE COMMUNITY!**

*Help us keep you informed in case of an emergency as well as for updates on upcoming events and projects.*

I, \_\_\_\_\_ hereby authorize Cochrane Lake Gas Co-op Ltd. to add me to the e-mail subscription database via Constant Contact.

To unsubscribe to this service, please contact our office.

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

**Date:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Tap:** \_\_\_\_\_

For Office Use Only:  
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