

101-107 Mackenzie Road Inuvik, NT X0E 0T0 (867) 777-3422 Phone (867)777-3339 Fax

## **Secondary Account Holder Application**

Date Received:	Primary Account Holder Name:	Account Number:
Service Address:		Secondary Account Holder Name:
Secondary Home phone:	Secondary Work Phone:	Would you like the secondary's name on the bills?  Yes □ No □
certain obligations on us and you. If you by signing this form, the primary account holder agrees to be	you no not have a copy of our Terms & Condition ecount holder agrees to grant the secondary act be added to the above mentioned account and re to the account, close the account or remove the	Territories Public Utilities Board. These rules place ons, we would be happy to provide one to you. Ecount holder access to account information. The may remove their name at any time. The secondary e primary's name from the account without writter
Signature of Company Representat	tive: Primary Account Holder Signature:	Secondary Account Holder Signature: