

Builder Closing Account Request Form

Submit closings that have already occurred or will occur within the next 30 days. Closings beyond 30 days will not be processed.

*Indicated required fields

CUSTOMER INFORMATION

Current Date:		
Account Name*:	Master Account #*:	
Contact Name*:	Phone Number*:	Email*:

LOCATION DETAILS

List the service addresses you need closed.

	Street	Unit #	City	Purchaser(s) full name	Phone #	Email	Closing Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

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	Street	Unit #	City	Purchaser(s) full name	Phone #	Email	Closing Date
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Submit form to

Email
collective@enbridge.com