

**SMELL GAS? 1-866-763-5427**

**For inquiries:** 1-855-311-2522

**Email:** lba@enbridge.com

**Make Payments to:** PO Box 680 Scarborough, ON M1K 0A6

**Enbridge Gas Inc.**

CVS Health Corporation.  
58 bank rd w

**Service Address**

58 bank rd w

**Bill Date**

2020-07-25

**LBA Account Number**

62-886 877-35

**Bill Number**

8979132



**WHAT DO I OWE?**

**Billing Period**

Sep 11, 2020 - Oct 11, 2020

**Total Amount**

\$3695

(Taxes Included)

● **Charges for Natural Gas**

• See page 2 for details •



**HOW MUCH GAS DID I USE?**

**Meter Reading**

<b>Instrument Number:</b>	45776
<b>Actual:</b>	62798
<b>Previous:</b>	54594

**You used**

8400m<sup>3</sup>

**This cost you**

\$3695

\* HST Registration Number: 105205140 RT0001

- Enbridge Gas charges are to be paid by the Due Date, which is considered to be twenty days after the Bill Date, or within such other time period as set out in the Service Contract. A late payment charge will be applied on any amount not received by the Due Date, which is the twentieth (20th) day following the Bill Date. Interest will be charged at the rate of 1.5% per month (19.56% effectively per annum) until receipt of all of the unpaid Enbridge Gas charges, including all applicable federal and provincial taxes.

- E. & O. E.