

# Application for Service

Move In Date: \_\_\_\_\_

## Address you are moving to:

Street: \_\_\_\_\_ Unit: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

(All co-occupants are required to provide identification to be added to the account. Co-occupants are considered to be financially responsible for the account along with the primary customer)

## Identification

Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Ontario Photo ID Card / Passport: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Work Number: \_\_\_\_\_

## Co-Occupant Information

**Last Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

### Identification:

Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Ontario Photo ID Card / Passport: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Work Number: \_\_\_\_\_

## Contact Information:

Home Telephone Number: \_\_\_\_\_

Cell Phone Number : \_\_\_\_\_

Mailing Address (if different from address you are moving to)

Street: \_\_\_\_\_ Unit: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Province \_\_\_\_\_

Previous Mailing Address

Street: \_\_\_\_\_ Unit: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Province \_\_\_\_\_

**Are you purchasing or renting this residence?**

**Purchasing** ☐

**Renting** ☐

If renting please list the owner: \_\_\_\_\_

Owner's Telephone Number: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co Occupants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Eastern Ontario Power assesses all accounts for security deposits. Please contact our office to review your deposit requirements.

All information must be included to complete your request.

Requests can be faxed to: 613-932-6498

Requests can be emailed to: [Customer.Service@EasternOntarioPower.com](mailto:Customer.Service@EasternOntarioPower.com)