

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: _____

Social Insurance Number: _____

Employer: _____

Employer Work Number: _____

Co-Occupant Information

Last Name: _____ **Middle Initial:** _____ **First Name** _____

Identification:

Date of Birth: _____

Driver's License: _____

Social Insurance Number: _____

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