

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: _____

Our office assesses all accounts for security deposits. Please contact our office to review requirements.

All information must be included to complete your request.

Requests can be faxed to: 1-866-963-1111

Requests can be emailed to: Customer.Service@CornwallElectric.com