



CANADIAN NIAGARA POWER INC.

A FORTIS ONTARIO
Company

APPLICATION FOR SERVICE

Move-In Date: _____

Address you are moving to:

Street: _____ Unit: _____

City/Town: _____ Postal Code: _____

Occupant Information

Last Name: _____ Middle Initial: ____ First Name: _____

Identification

Date of Birth: ____/____/____

Driver's License/Age of Majority: _____

Employer: _____

Employer Work Number: _____

Co-Occupant Information

(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.)

Last Name: _____ Middle Initial: ____ First Name: _____

Identification

Date of Birth: ____/____/____

Driver's License/Age of Majority: _____

Employer: _____

Employer Work Number: _____

Contact Information

Home Telephone Number: _____

Cellphone Number: _____

Email Address: _____



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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 name: _____

Owners telephone number: _____

Customer's Signature: _____ Date: _____

Co-Occupant Signature: _____ Date: _____

Canadian Niagara Power Inc. 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: 905-871-8772

Requests can be emailed to: customer.service@cnpower.com