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## **REQUEST FOR TRANSFER OF SERVICE**

Connection fee of \$50.00 will be charged on your first bill  
\*Please contact our office to confirm your request\*

**Address to be Disconnected:** \_\_\_\_\_

Service Disconnect Date: \_\_\_\_\_

Name of New Owner (if known): \_\_\_\_\_ Name of Landlord (if renting): \_\_\_\_\_

**Address Moving To:** \_\_\_\_\_

Service Start Date: \_\_\_\_\_

Do you own or rent this property?  Own  Rent Name of Landlord (if renting): \_\_\_\_\_

**Address you want your mail to go to for this location:** \_\_\_\_\_

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

### **APPLICANT INFORMATION:**

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

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

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

Driver's License Issuing Province: \_\_\_\_\_

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

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### **CO-APPLICANT INFORMATION:**

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

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

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

Driver's License Issuing Province: \_\_\_\_\_

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

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

24 hour advanced notice required, weekends and holidays excluded  
Office hours are Monday to Friday 8:30am to 4:30pm  
Terms and Conditions of Service are available on our website or upon request