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## SERVICE REMOVAL FORM

DATE OF R	EMOVAL:		
SERVICE A	DDRESS:		
CONTACT	NAME:	PHONE #:	
FAX #:		EMAIL:	
CONTACT	ADDRESS:		
ACCOUNT	# (TO BE REMOVED):		
ACCOUNT	# (TO BE REMOVED):		
ACCOUNT # (TO BE REMOVED):			
PLEASE SE	LECT <b>ONE</b> OF THE FOLL	OWING OPTIONS:	
PU IAI  IAI	RPOSES OF BUILDING D M REQUESTING A REMO M REQUESTING A REMO AVE MULTIPLE METERS	OVAL OF THE SERVICE AND METER FROM SEMOLITION AND/OR FUTURE PROPERTY OVAL OF THE TEMPORARY SERVICE ON M OVAL OF THE SENTINEL LIGHT ON MY PRO AND I AM COMBINING THEM INTO ONE	DEVELOPMENT. IY PROPERTY. DPERTY. METER.
PLEASE NOTE BY REMOVING THE ELECTRICAL SERVICE TO YOUR PROPERTY THAT ALL ELECTRICAL DEVICES INCLUDING FIRE PROTECTION SYSTEMS WILL NOT OPERATE.			
I AM THE REGISTERED PROPERTY OWNER OR HAVE SIGNING AUTHORITY FROM THE REGISTERED PROPERTY OWNER TO REQUEST ORANGEVILLE HYDRO LTD., REMOVE THE SERVICE (BASED ON THE ABOVE OPTION SELECTED) AT THE ABOVE NOTED ADDRESS. I UNDERSTAND THAT THE REMOVAL OF THIS SERVICE IS PERMANENT AND SHOULD SERVICE AGAIN BE REQUIRED IT WOULD BE CONSIDERED A NEW CONNECTION AND WOULD THEREFORE BE SUBJECT TO ALL CURRENT REGULATIONS, INSPECTIONS AND FEES.  DATE:			
PLE	ASE PRINT NAME:		
	CICNATURE		