



PHONE: 519-942-8000  
FAX: 519-941-6061  
ADDRESS: 400 C-LINE BOX 400, ORANGEVILLE, ON, L9W 2Z7  
Email: operations@orangevillehydro.on.ca

### SERVICE REMOVAL FORM

DATE OF REMOVAL: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

ACCOUNT # (TO BE REMOVED): \_\_\_\_\_

ACCOUNT # (TO BE REMOVED): \_\_\_\_\_

ACCOUNT # (TO BE REMOVED): \_\_\_\_\_

PLEASE SELECT **ONE** OF THE FOLLOWING OPTIONS:

- I AM REQUESTING A REMOVAL OF THE SERVICE AND METER FROM MY PROPERTY FOR THE PURPOSES OF BUILDING DEMOLITION AND/OR FUTURE PROPERTY DEVELOPMENT.
- I AM REQUESTING A REMOVAL OF THE TEMPORARY SERVICE ON MY PROPERTY.
- I AM REQUESTING A REMOVAL OF THE SENTINEL LIGHT ON MY PROPERTY.  
I HAVE MULTIPLE METERS AND I AM COMBINING THEM INTO ONE METER.
- OTHER \_\_\_\_\_

**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: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_