



LOCAL DISTRIBUTION COMPANY NAME: Orangeville Hydro Limited

This Form **MUST** be completed by the Owner and/or their Electrical Contractor if applicable prior to service connection.

Electric Service Civic Address: _____	
Name of Owner: _____	
Telephone: _____	Fax: _____
Name of Contractor: _____	
Telephone: _____	Fax: _____

In area (A) provided below, carefully sketch the Front View layout of the Electric Meter Base(s).
Match the corresponding (B) **BILLING ADDRESS (INCLUDE UNIT #)** for each meter base(s) shown in (A).

(A) Front View of Electric Meter Base(s)	(B) Billing Address
	1) _____
	2) _____
	3) _____
	4) _____
5) _____	
6) _____	
7) _____	

The following terms are agreed upon by the undersigned at the time of submitting the form:

1. That all information contained on the form is accurate.
2. That if any information is determined to be inaccurate, the Utility will not be able to energize the service connection(s).
3. That if any information has to be corrected by Utility personnel there will be applicable charges to prepare the amended form.
4. That an amended form must be signed and returned along with payment of any applicable invoice, as per note 3, prior to further consideration as to the activation of the service connection.

I/We the undersigned, acknowledge the information provided above has been verified and is accurate.	
Signature of Owner: _____	Date: _____
Signature of Contractor: _____	Date: _____