



## TEMPORARY SERVICE REMOVAL

This form gives Alectra Utilities the authorization to remove the service and Alectra Utilities owned equipment when the service is no longer required.

*Note: 10 days advance notification of the actual service removal date is required.*

DATE SERVICE REQUIRED TO BE REMOVED: \_\_\_\_\_

### ACCOUNT INFORMATION

Account Number: \_\_\_\_\_ Meter Number: \_\_\_\_\_

Service Address/Location: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Business Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

### FINAL BILL INFORMATION

Street: \_\_\_\_\_

Attention: \_\_\_\_\_ Town: \_\_\_\_\_

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

Business Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

I acknowledge and agree to completely release Alectra Utilities of any liability, damages, claims or losses that may occur as a result of the temporary removal/disconnection of the service to the property noted below.

DIGITALLY SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_