

OPENING AND/OR CLOSING A RESIDENTIAL ACCOUNT

<input type="checkbox"/> Closing an account only <small>(moving out of the Alectra Utilities service area)</small> Complete Sections A, C, D, E, F (in which case 1 & 8 apply)	<input type="checkbox"/> Opening an account only <small>(moving into the Alectra Utilities service area)</small> Complete Sections B, C, D, E, F (in which case 1 to 7 apply)	<input type="checkbox"/> Closing & Opening an account <small>(moving within the Alectra Utilities service area)</small> Complete All Sections
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A – ACCOUNT, SERVICE END DATE & PREMISES INFORMATION: for account to be closed

Alectra Utilities Account # _____	Service End Date (mm/dd/year) _____	
Street Number _____	Street Name _____	Unit/Suite # _____
Municipality _____	Province _____	Postal Code _____

B – START DATE & PREMISES INFORMATION: for account to be opened

	Service Start Date (mm/dd/year) _____	
Street Number _____	Street Name _____	Unit/Suite # _____
Municipality _____	Province _____	Postal Code _____

C - CUSTOMER INFORMATION: contact information for account holder(s)

1. Account Holder First Name _____	Account Holder Last Name _____	<input type="checkbox"/> Owner or <input type="checkbox"/> Tenant	Date of Birth (mm/dd/year) _____
Main/Daytime Phone # _____	Drivers Licence # _____	Email Address _____	
2. Account Holder First Name _____	Account Holder Last Name _____	Date of Birth (mm/dd/year) _____	
Main/Daytime Phone # _____	Drivers Licence # _____	Email Address _____	

D - BILLING ADDRESS: for closed account final bill OR for new account, if different from B Premises Information above

Street Number _____	Street Name _____	Unit/Suite # _____
Municipality _____	Province, Country _____	Postal Code _____

E - ADDITIONAL INFORMATION: lawyer information if a vendor or purchaser OR landlord information if a tenant

Name of Purchaser _____	Name of Purchaser's Lawyer _____	Phone # _____
Name of Vendor _____	Name of Vendor's Lawyer _____	Phone # _____
Name of Owner / Landlord of Premises _____	Phone # _____	
Street Number _____	Street Name _____	Unit/Suite # _____
Municipality _____	Province, Country _____	Postal Code _____

F - AGREEMENT:

I/We, the undersigned:

1. Certify all the information above to be true and complete;
2. Hereby request Alectra Utilities Corporation ("Alectra Utilities") to supply electricity distribution services to the premises described above, and agree to accept electricity distribution services from Alectra Utilities in accordance with its Conditions of Service, as may be amended from time to time and in so accepting, agree (jointly and severally) to pay Alectra Utilities in accordance with the terms of the accounts (bills) rendered by Alectra Utilities from the date the service commences;
3. Consent to the collection, use and disclosure of my personal information to be collected and used in accordance with Alectra Utilities' Privacy Policy Statement, as may be amended from time to time (a current copy of which is found at www.alectrautilities.com);
4. Authorize and consent to the receipt and provision of account information about me for credit grantors, credit bureaus and suppliers of services;
5. Understand that a security deposit may be required in connection with the establishment of this account and if I fail to maintain good payment history in accordance with Alectra Utilities' Conditions of Service, as may be amended from time to time;
6. Understand that a New Account Charge will be applied to my account, please check our rates for details;
7. Understand that a Reconnection Charge may be applied to my account if the service to the premises was discontinued prior to the execution of this document; and
8. Agree to inform Alectra Utilities at least five (5) business days in advance of the termination of service date.

Date _____	1. DIGITALLY SIGNED - ACCOUNT HOLDER	2. DIGITALLY SIGNED - ACCOUNT HOLDER
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