WATERLOO NORTH HYDRO INC.
Engineering Department

NEW ELECTRIC SERVICE APPLICATION

P.O. Box 640, 526 Country Squire Road
Waterloo, ON N2J 4A3
Tel: 519-888-5552
Fax: 519-886-7049
eclerk@wnhydro.com

WNH CUSTOMER INFORMATION

Name on Account:	Primary Phone:
ID (driver's licence, etc.):	Secondary Phone:
Email:	Cell Phone:

SERVICE ADDRESS

Unit/Lot #:	Civic #:	Street Name:	
City/Town:		Province:	Postal Code:
Previous accounts with Waterloo North Hydro? ☐Yes ☐No		If yes, please provide the service address below:	
Unit/Lot #:	Civic #:	Street Name:	
City/Town:		Province:	Postal Code:

BILLING ADDRESS ☐Same as Above

Unit/Lot #:	Civic #:	Street Name:	
City/Town:		Province:	Postal Code:

REMARKS:

I herby make application to Waterloo North Hydro Inc. for the type of service as checked above, to be supplied at the address and on the premises described herein, with service to commence on the date shown, and I agree to pay for such service as bills are rendered therefor, in accordance with rates, rules and conditions of the Ontario Energy Board, the Rules and Regulations of Waterloo North Hydro Inc., and all Acts pertaining to electricity supply services.
For general requirements, see the Conditions of Service posted on our website at www.wnhydro.com.

If the Applicant is a company, the signing officer(s) warrants that he/she has authority to bind the company.

The undersigned acknowledges that a Contract will exist upon acceptance of this Application by the Corporation.

Owner's Signature Date

Owner's Name Printed WNH Witness

GENERAL REMARKS: