

# RENFREW HYDRO INC.

499 O'Brien Rd., Unit B  
Renfrew, Ontario K7V 3Z3  
Tel (613) 432-4884 Fax (613) 432-7463



## CANCELLATION OF SERVICE (MOVE OUT) REQUEST FORM

Account Number (To be Completed by Billing Dept.)

This form is used to initiate the final read(s) and closure of account. This form must be filled out if you are moving outside Renfrew Hydro's territory or to an address in Renfrew where you will not be responsible for paying for electric services. If you purchase your energy from a retailer, please also contact them with the details of your move.

### PLEASE PRINT FOR ALL INFORMATION BELOW:

Current Date:	Requested Cancellation of Service Date: _____ (This date must be a business day and should reflect the end of your legal obligation for services. If renting, your agreement end date, if selling, your close date.)
First Name: _____ Last Name: _____ Date of Birth: _____ Business Name (if non-residential account): _____	Service Address: _____ Do you Own or Rent the Service Address? OWN <input type="checkbox"/> RENT <input type="checkbox"/> <u>If renting:</u> Landlord's Name / Number: _____ <u>If selling:</u> Lawyer's Name / Number: _____ <u>If selling:</u> New Owner's Name / Number: _____

### NEW MAILING ADDRESS INFORMATION

A new mailing address is **required**. If you are unsure of your new address, please give **another address** where we can send your **final bill** to.

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Unit/ Apt: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### CONTACT INFORMATION

Current Phone #: ( ) \_\_\_\_\_ New Phone #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Business Phone#: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

I, the undersigned

- Certify all the information above to be true and complete.
- Authorize and consent to the receipt and provision of account and information from credit grantors, credit bureaus and suppliers of services.
- I authorize and consent for a third party to submit information for Renfrew Hydro for the sole purpose of cancelling service.
- Authorize Renfrew Hydro to use my personal information as required for the Disconnection of electricity.

Name (Please Print): \_\_\_\_\_ Signature of Account Holder: \_\_\_\_\_

Date: \_\_\_\_\_