



# Application for Service

One form to be completed per customer. (PLEASE PRINT)

Full Name: \_\_\_\_\_

Birth Date (YY/MM/DD): \_\_\_\_\_

Residence Phone No: \_\_\_\_\_

Business Phone No: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Photo ID Number \_\_\_\_\_

Second Photo ID Number \_\_\_\_\_

First Photo ID Card:

- Driver's License
- Passport
- Age of Majority card
- University or College Student card

Second Photo ID Card:

- Driver's License
- Passport
- Age of Majority card
- University or College Student card

Date Service Commences (YY/MM/DD): \_\_\_\_\_

Note: Commencement date needs to be on a business day i. e. Monday through Friday

Service Address: \_\_\_\_\_

Are you currently:

- Owning
- Renting - Who is the present owner?

Mailing Address: \_\_\_\_\_

Street	City/Town
Province	Postal Code
	Country

Previous Service Address: \_\_\_\_\_

Street	City	Province	Postal Code
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Previous Account No: \_\_\_\_\_

Request for Deposit Waiver - Customers who have demonstrated a current satisfactory payment history with London Hydro or another electric utility for 24 consecutive months, within the last 3 years will be exempt from this deposit requirement. For a deposit waiver please include a reference letter from your previous utility.

I, the undersigned:

- Certify all the information above to be true and complete
- I authorize and consent for a third party to submit information to London Hydro for the sole purpose of commencing service.

Signature: \_\_\_\_\_

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

Please return to: London Hydro, P.O. Box 2700 London, ON N6A 4J8. Attn: Customer Service Dept  
Office Hours: 8:15 am to 4:30 pm - Mon. to Fri. Phone Inquiries: (519) 661-5503 - 8:15 am to 6:00 pm - Mon. to Fri.  
FAX #: (519)661-5838