



P.O Box 20, 950 River Road West, Wasaga Beach, Ontario, L9Z 1A2
Tel: (705) 429-2517 Fax: (705) 429-2590 E-mail: hydro@wasagadist.ca

BUSINESS TENANT/LANDLORD AGREEMENT - MUST BE FULLY COMPLETED & LEGIBLE

FAILURE TO COMPLETE THIS AGREEMENT COULD RESULT IN WASAGA DISTRIBUTION INCORPORATED DECLINING TO TRANSFER THE ACCOUNT.

SERVICE ADDRESS _____
METER NUMBER _____

DEPOSIT AMOUNT \$ _____

I (THE OWNER)

NAME _____
ADDRESS _____
CITY _____
PROVINCE _____
POSTAL CODE _____
TELEPHONE (Res) _____
(Bus) _____

TENANT INFORMATION - ALL FIELDS TO BE COMPLETED

NAME _____
MAILING ADDRESS _____
CITY _____
PROVINCE _____
POSTAL CODE _____
TELEPHONE _____
DATE OF BIRTH _____
DRIV. LICENSE# _____
SOCIAL INSURANCE # _____
2nd OWNER NAME _____
TELEPHONE _____
DATE OF BIRTH _____
DRIV. LICENSE# _____
SOCIAL INSURANCE# _____
TELEPHONE _____
MAILING ADDRESS _____

WISH TO HAVE WASAGA DISTRIBUTION INC.
CHANGE THE NAME AND ADDRESS OF THE
ELECTRIC ACCOUNT FOR MY PROPERTY TO
THE TENANT EFFECTIVE AS OF:

OWNERS SIGNATURE:

_____/_____
TENANTS SIGNATURE

I authorize the verification of the information provided on this form to be used for any Collection purposes should it be deemed necessary.

FOR OFFICE USE ONLY

ACCT# _____ CUSTOMER # _____ W.O.# _____ RDG. DATE _____