

# Wasaga Distribution Hydro Application-Commercial

950 River Road West – P.O. Box 20

Wasaga Beach, Ontario – L9Z 1A2 - email: [hydro@wasagadist.ca](mailto:hydro@wasagadist.ca) - (705) 429-2517

Fax – (705) 429-2590

## Applicant Information

Name:

**Date of birth:**

**SIN: (Opt)**

Phone:

Service Address:

City:

Province:

Postal Code:

**Drivers License:**

E-mail:

Billing Address:

City:

Prov:

Postal Code:

## Employment Information

Current employer:

Employer address:

Phone:

Fax:

City:

Prov:

Postal Code:

Position:

## Co-applicant Information

Name:

**Date of birth:**

**SIN: (Opt)**

Phone:

Service Address:

City:

Prov:

Postal Code:

**Drivers License:**

E-mail:

Billing Address:

City:

Prov:

Postal Code:

## Co-applicant Employment Information

Current employer:

Employer address:

Phone:

Fax:

City:

Prov:

Postal Code:

Position:

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

Signature of applicant:

Date:

Signature of co-applicant:

Date:

**This form MUST be completed in full and returned to our office. Please be advised that ALL Commercial Properties require a deposit.**

**Customers are advised that Wasaga Distribution Inc. may periodically throughout the calendar year require access to the hydro meter at your property. Please make sure your hydro meter is accessible at all times.**

## FOR OFFICE USE ONLY

Account: \_\_\_\_\_ Deposit Required \$ \_\_\_\_\_ W.O.# \_\_\_\_\_ RDG.Date \_\_\_\_\_