

Wasaga Distribution Hydro Application-Residential

950 River Road West – P.O. Box 20

Wasaga Beach, Ontario – L9Z 1A2 - email: 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:

Please complete form in full and return to our office. If Wasaga Distribution Inc. does not receive this form a Hydro Deposit will be applied directly to your account after 2 billing periods.

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: _____ Customer# _____ W.O.# _____ RDG.Date _____