



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](mailto:hydro@wasagadist.ca)

**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 \_\_\_\_\_

**I (THE OWNER)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

TELEPHONE: (Res) \_\_\_\_\_

(Bus) \_\_\_\_\_

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:

**TENANT(S) INFORMATION (ALL FIELDS TO BE COMPLETED)**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

TELEPHONE/CELL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DRIVER LICENSE# \_\_\_\_\_

SOCIAL INSURANCE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_

TELEPHONE \_\_\_\_\_

TENANT'S SPOUSE \_\_\_\_\_

SPOUSE SOCIAL INSUR # \_\_\_\_\_

SPOUSE DATE OF BIRTH \_\_\_\_\_

SPOUSE DRI.LICENSE# \_\_\_\_\_

SPOUSE EMPLOYER \_\_\_\_\_

TELEPHONE# \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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

THE OWNER OF THE PROPERTY WILL BE NOTIFIED IF THE HYDRO SERVICE IS DISCONNECTED FOR NON PAYMENT.

**TENANT(S) SIGNATURE** \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

ACCT# \_\_\_\_\_ CUSTOMER # \_\_\_\_\_ W.O.# \_\_\_\_\_ RDG. DATE \_\_\_\_\_