

SERVICE ORDER REQUEST – CUSTOMER COMMUNICATIONS CENTRE

Fax # 1-888-625-4401 or Phone 1-800-367-0855



Customer Information (complete all applicable customer information)

Name _____ Premises Phone # (_____) _____ Alt/Bus # (_____) _____
Meter # _____ Bill Account # _____
Address _____ City/Town _____ Postal Code _____
Service Location Lot # _____ Concession _____ Township _____
Reg. Plan # _____ RP Lot # _____ 911 # address _____
Water/Boat Access Only Yes

Mailing address for billing (if different from above): Name _____
Address _____ City/Town _____ Postal Code _____

Contractor Information

Name _____ Phone # (_____) _____ Cell # (_____) _____
Fax # (_____) _____ Electrical Inspection Permit number _____

Best person to contact about job is: Customer Contractor | **Best time to call (7:30am to 4:30pm)** _____

Detailed directions and description of work to be done (please include alternate phone #'s and contact names)

New Service Layout Request (New building or service that has been disconnected for more than six months)

Service Type underground (u/g) overhead (o/h) unmetered
 Permanent Residence (occupied 8 months/year) Seasonal Residence Business Street Lights Site Meeting
Service Size _____ Amp Is central metering required Yes No
Is there hydro at the lot? Yes No Has construction started? Yes No Foundation in? Yes No N/A
Date service required _____ Is a temporary service required Yes No Subdivision Yes
Name or meter number of closest neighbour _____ Name of Subdivision _____

For Residential customers only (including Seasonal customers and Farm with residence):

Elec heat Yes No Elec water heating Yes No Central A.C. Yes No Dwelling size _____ sq. ft.

For Business customers only:

Expected usage: Minimal Single shift (40 hrs/wk) More than single shift
Type of Operation: Agricultural General Industrial Existing summary billing? Yes No

Service Upgrade Layout Request (change to an existing service)

Upgrading service to _____ Amps underground (u/g) or overhead (o/h) unmetered central metering
Adding load? Yes (specify type & load in kW) _____ N/A
Is the meter base location changing No Yes (to where) _____ N/A
Subdivision Yes Name of Subdivision _____

Please note: Hydro One will make final determination on meter base location

Disconnect/reconnect required Yes No If yes, date requested (we'll call back to confirm) _____
Coordination required Yes No

Consent for Disclosure of Information to a Third-Party

If you are acting on a customer's behalf you must complete a letter of agency.

Signature: _____ Date: _____