



Tillsonburg Customer Service Centre
10 Lisgar Ave ~ Tillsonburg, ON N4G 5A5
Tel: 519-842-9200 Fax: 519-688-0759
www.tillsonburg.ca

Residential Application/Contract for Service

*** Two pieces of identification (1 photo ID) are required for all names on the account. Must be minimum of 18 years of age ***

Service Address: _____	Move In Date: _____
Customer No: _____ (Office Use)	Account No: _____ (Office Use)

Mailing Address: _____ (If different from Service Address)

PART 1a – Primary Customer Name (This name will appear on the bill) PLEASE PRINT		
Last Name: _____	First Name: _____	Middle Name: _____
Birth Date (MM/DD/YYYY): ____/____/____	Home Phone: _____	
Mobile Phone: _____	Email address: _____	
ID # 1 (Photo): _____	ID Type: _____	
ID #2: _____	ID Type: _____	
Employer's Name & Address: _____	Business Ph.: _____	

PART 1b – Other Responsible Customer Name (if applicable) PLEASE PRINT		
Last Name: _____	First Name: _____	Middle Name: _____
Birth Date (MM/DD/YYYY): ____/____/____	Home Phone: _____	
Mobile Phone: _____	Email address: _____	
ID # 1 (Photo): _____	ID Type: _____	
ID #2: _____	ID Type: _____	
Employer's Name & Address: _____	Business Ph.: _____	

The customers who are listed above and have signed on the reverse side accept financial responsibility for the account and can access all their account information.

Service Information

Services Included (check): Electric Water Sewer

Rent Own

If renting: owner's name and number: _____

Is there a final reading required at previous address (Tillsonburg Only)? Yes No If yes, date (MM/DD/YY): _____

Previous Service Address: _____ Account #: _____

Security Deposit Information

Security deposits for hydro services are collected in accordance with our Conditions of Services and/or third party billing agreements. Please choose the most appropriate option below.

Option A

If you are already an existing customer with Tillsonburg Hydro Inc., please contact our office at **519-842-9200** to see if you qualify for exemption of the otherwise required security deposit.

Option B

Credit reference letter from your current utility company showing excellent standing (send in with this application)

Option C

Pre-authorized payment plan (enclose a void cheque or withdrawal form from your bank and send in with this application)

Option D

If none of the above options apply, a security deposit will be required in order to set up your utility services. Please contact our office at **519-842-9200** to inquire on the required deposit amount and fill in the section below:

Security deposit in the amount of \$ _____ required to be paid in _____ installments (either 1 or 6 only)

Customer Initial(s) _____

The information collected will be used by the Town of Tillsonburg to establish and maintain service connections, and for billing and collections activities. If you are a tenant, the owner's name and address will be used to provide notice in the event that your service is disconnected. The owner may also be notified of your final billing date.

I/We, the undersigned:

- Certify all the information above to be true and complete.
- Hereby request the Town of Tillsonburg to supply electric distribution services at the above noted premises, and agree to accept distribution services from Tillsonburg Hydro in accordance with the Conditions of Service as it exists and is amended from time to time and in so accepting, agree to pay the Town of Tillsonburg at the authorized electric rates from the date the service commences.
- Hereby request the Town of Tillsonburg to supply water and/or wastewater services at the above noted premises and agree to accept services from the Town of Tillsonburg in accordance with the County of Oxford's service and rate by-laws as they exist and are amended from time to time.
- Agrees to pay all authorized rates for services and products billed by the Town of Tillsonburg. The Town of Tillsonburg reserves the right to collect underbilled amounts in accordance with the OEB's Retail Settlement Code, Section 7.7.
- Payment is due on the due date. I/we agree to pay any interest amounts incurred from late payment charges. Payment must be deemed to be received by the due date to avoid monthly interest charges of 1.5% compounded daily.

Signature Primary Customer: _____ Date: _____

Signature Other Responsible Customer: _____ Date: _____

Town of Tillsonburg Representative: _____ Date: _____