

Application for Service – Application for Residential

Move In Date – _____
(nearest business date will be used to finalize service)

Customers Legal Name _____
(*all* co-occupants are required to provide identification to be added to the account. Co-occupants are considered to be financially responsible for the account along with the primary customer)

Address you are Moving to

Street	
Unit	
City/Town	
Province and Postal Code	

Identification

Drivers License	
Date of Birth (mandatory)	
Other ID	

Employer	
Employer Work Number	

Co-occupant Name _____

Drivers License	
Date of Birth (mandatory)	
Other ID	

Employer	
Employer Work Number	

Co-occupant Name _____

Drivers License	
Date of Birth (mandatory)	
Other ID	

Employer	
Employer Work Number	

Phone Number(s)

Home	
Fax	
Cell	

Email Address _____

Mailing Address

Street	
Unit	
City/Town	
Province and Postal Code	

Previous Mailing Address

Street	
Unit	
City/Town	
Province and Postal Code	

Owner of Property: (if other than the occupant) _____

Customer Signature _____

Co Occupants Signature _____

Co Occupants Signature _____

Haldimand County Hydro Inc. assesses all account for security deposits. Please contact our office to review your deposit requirements.

All information must be included to complete your request.

***Please Print and Fax your request to
905-765-8211***