

CUSTOMER SERVICE ORDER

Date required _____

Request: Connect Service 🔲 Tran	nsfer Service	Disconnect Service	Meter Change
LOCATION New Location Zone	e ID/Community		Location #
Physical Address: Se	quence:		Feeder:
MOVE-OUT CUSTOMER Vacant Customer #			Customer #
☐ Vacant ☐ Refund Deposit		☐ Transfer Deposit	to location
Customer Name:		Phone:	
Forwarding Address:			Postal Code
I request this service be disconnected at the above address on the date indicated: Signature			
MOVE-IN CUSTOMER New Customer	☐ Vacant ☐	GST Exempt	Customer #
Applicant Name:		Phone: <u>н</u> :	W:
Co-Applicant Name:		Phone: <u>H:</u>	W:
Mailing Address:	#	Town/Community	Postal Code
l accept the Terms and Conditions of Service and the customer responsibilities and indemnification as outlined on the reverse side of this form. I also agree to notify the Northwest Territories Power Corporation before or immediately after I vacate the premises listed above. I will be responsible for all charges until such notice is given. Applicant Name:			
Co-Applicant Name:	Date:	Signature:	
Name: Date: Signature: Please Print Deposit requirement: Reason for Exemption: Deposits must be received before service can be established			
METER INFORMATION		METER INFORMATION	
Current Meter # Multiplier		Community:	
Reading:U	sage	Residential:	☐ No Support☐ Territorial Support
	emand		☐ Housing Support
New Meter # Meter Multipl Use for meter switch only	ier	General Service:	☐ Without Demand☐ With Demand
Meter Seal#: CT/PT Multip	lier*	Other:	
Reading:Usage		LOCATION CLASS	
Date of Read:		General Service COM D COM ND GOV COM D GOV COM ND	Residential RES NTS RES TS GOV RES HS GOV RES NHS

Plant # Customer Service Order # ____