NORTHWEST TERRITORIES POWER CORPORATION

CUSTOMER SERVICE ORDER

Date requested _____

Date required _____

Please fill out all highlighted fields

Request: Connect Service ☐ Transfer Service ☐ Disconnect Service ☐ Meter Change ☐

LOCATION New Location ☐ Zone ID/Community _____ **Location #** _____

Physical Address: _____

Route: _____ Sequence: _____ Feeder: _____

MOVE-OUT CUSTOMER Vacant ☐ **Customer #** _____

☑ Vacant ☐ Refund Deposit ☐ Transfer Deposit to location _____

Customer Name: _____ Phone: _____

Forwarding Address: _____ _____ _____
Address/Box # *Town/Community* *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: *H:* _____ *W:* _____

Co-Applicant Name: _____ Phone: *H:* _____ *W:* _____

Mailing Address: _____ _____ _____
Address/Box # *Town/Community* *Postal Code*

I 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: X _____ Date: X _____ Signature: X _____
Please Print

Co-Applicant Name: _____ Date: _____ Signature: _____
Please Print

Deposit requirement: _____ Reason for Exemption: _____
Deposits must be received before service can be established

METER INFORMATION

Current Meter # _____ Multiplier _____

Reading: _____ Usage

_____ Demand

New Meter # _____ Meter Multiplier _____
Use for meter switch only

Meter Seal#: _____ CT/PT Multiplier* _____
** Where Applicable*

Reading: _____ Usage

Date of Read: _____

Reader: _____
Please Print

METER INFORMATION

Community: _____

Residential: ☐ No Support ☐ Territorial Support ☐ Housing Support

General Service: ☐ Without Demand ☐ With Demand

Other: _____

LOCATION CLASS

General Service	Residential
☐ COM D	☐ RES NTS
☐ COM ND	☐ RES TS
☐ GOV COM D	☐ GOV RES HS
☐ GOV COM ND	☐ GOV RES NHS

Plant _____ Plant # _____ **Customer Service Order #** _____

WHITE - BILLINGS DEPARTMENT COPY YELLOW - CUSTOMER COPY PINK - PLANT COPY