

APPLICATION FOR TERMINATION OF ELECTRICAL SERVICE

320 B Portage Ave,
Fort Frances, ON P9A 3P9

Phone: 807-274-9291
Fax: 807-274-9375
Email: info@ffpc.ca
Website: www.ffpc.ca

PLEASE COMPLETE ALL SECTIONS BELOW AND TICK BOXES WHERE APPROPRIATE

1. CUSTOMER NAME	
2. ADDRESS AT WHICH SUPPLY IS BEING TERMINATED	Postal Code
ABOUT YOUR CURRENT ADDRESS	Is the Property: <input type="checkbox"/> Owned By You <input type="checkbox"/> Rented Is the Property: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Business
TERMINATION DATE	DAY MONTH YEAR
NEW FORWARDING ADDRESS (FINAL BILL)	Postal Code

3. NOTES AND SPECIAL CONCERNS	Please record any special information or details pertaining to your termination of service.
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SIGNATURE	Signature Date Signature Date
	If signing on behalf of a Company, please provide name and position held in Company. I am legally authorized to sign on the behalf of the above Company. Name: _____ Title: _____ Signature: _____

Office Use Only

<input type="checkbox"/> Account Returned To Existing Owner/Landlord	<input type="checkbox"/> Power Turned Off For Vacancy	<input type="checkbox"/> No Deposit Held	<input type="checkbox"/> Deposit Applied To Customer Account Amount _____
Owner/Landlord Name	Customer Terminated	Final Read	

CUSTOMER #	7								PREMISE #	8				
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