



FOR OFFICE USE ONLY
 ACCOUNT
 NUMBER: _____

Halton Hills Hydro
 43 Alice St.
 Acton, ON L7J 2A9
 PH: 519-853-3701 Fax: 519-853-5168
 inquiries@haltonhillshydro.com

Moving Within Halton Hills Application

Have an existing Halton Hills Hydro Account and moving within Halton Hills? Please complete this application and return it to our office.

Account Information

| | | | |
|---|---------------|--|--------|
| Current Account Number: | _____ - _____ | | |
| Full Name: | _____ | | |
| Move Out Date: | _____ | | |
| New Service Start Date: | _____ | | |
| <small>(Services requested for weekends or holidays will start on next available business day.)</small> | | | |
| New Account Ownership: | Owner | | Tenant |

Moving to Address

| | | | |
|-----------------|-------|--------------|-------|
| Street Address: | _____ | | |
| City: | _____ | Postal Code: | _____ |

Mailing Address (If different from Moving To Address):

| | | | |
|---------------------|---------------------|--------------------------------|---------------------|
| Street Address: | _____ | | |
| City: | _____ | Province: | _____ |
| Postal Code: | _____ | Country: | _____ |
| Current Home Phone: | (____) ____ - _____ | New Home Phone (if different): | (____) ____ - _____ |
| Work Phone: | (____) ____ - _____ | Employer: | _____ |
| Cell Phone: | (____) ____ - _____ | Email: | _____ |
| Date of Birth: | _____ | | |

Co-Applicant Information (If Applicable.)

| | | | |
|----------------|---------------------|---------------------|---------------------|
| Name: | _____ | Current Home Phone: | (____) ____ - _____ |
| Cell Phone: | (____) ____ - _____ | Email: | _____ |
| Work Phone: | (____) ____ - _____ | Employer: | _____ |
| Date of Birth: | _____ | | |

Landlord Information (If renting, please complete this information)

| | | | |
|---------------------|---------------------|-------|--|
| Landlord Name: | _____ | | |
| Phone: | (____) ____ - _____ | _____ | |
| Landlord's Address: | _____ | | |
| Email: | _____ | | |

Payment Plan Options:

- (A) Keep my existing plan and notify me if any changes are required.
- (B) I/we wish to enroll in the Pre-Authorized Payment Plan.
- (C) I/we wish to enroll in the Equal Monthly Payment Plan.
- (D) None of the above.

Options: Option (B): Pre-authorized payments are deducted from your bank account upon due date of your bill.
 Option (C) Equal Monthly payments are deducted from your bank account and our office will contact you with withdrawal date and monthly amount.

NOTE: Please attach a void cheque if option B or C is chosen.

Paperless-Bills

Receive your hydro bill via email and review your billing history online. Register now and your next hydro bill will be sent to the email address listed below.

| | |
|---|--|
| Yes, please Enroll my account in Paperless Billing: | |
| Email Address for billing: | |

Pricing Plan Options:

Residential customers have the option of choosing between Time-of-Use and Tiered pricing for the electricity they use.

Under Time-of-Use pricing, the price you pay for electricity depends on when you use it. Under Tiered pricing, you can use a certain amount of electricity each month at a lower price, and once that limit is exceeded, a higher price applies.

For more information on Time-of-Use and Tiered Pricing and tools to help you decide which price structure is right for you, please visit <https://haltonhillshydro.com/for-home/electricity-pricing/>

To view the current electricity prices visit the Ontario Energy Board's website at www.oeb.ca/choice

Please select a pricing option. (please check one)

| | |
|--------------------------|---|
| <input type="checkbox"/> | (A) I wish to be billed Time-of-Use pricing |
| <input type="checkbox"/> | (B) I wish to be billed Tiered Pricing |

Note: you can change your pricing option at any time.

Security Arrangements

If a security deposit or credit check is required, you will be contacted by our office.

Third Party Notifications

To protect your privacy our staff will not discuss details of your account with anyone other than those listed on your account. If you wish to designate a third party, who our staff can contact regarding your account for various reasons, you may give authorization below:

| | |
|---------------|---------------------|
| Contact Name: | |
| Phone: | (____) ____ - _____ |
| Email: | |

Acknowledgement

I/We agree to accept Distribution Services from Halton Hills Hydro in accordance with their Conditions of Service and be bound by them as they exist and are subject to change. Halton Hills Hydro's Conditions of Service may be viewed on our website at www.haltonhillshydro.com. If you are a tenant, the owner's name and address will be used to provide notice in the event your service is disconnected. The owner may also be notified of your final billing date. Primary applicant listed above accepts financial responsibility for the account and can access all account information.

Halton Hills Hydro is the billing agent for Halton Region water services. I/WE agree to accept water services from Halton Region (if applicable). Halton Region's unpaid water arrears may result in water service interruption pursuant to Part XII of the Municipal Act, 2001 and Halton Region's Waterworks By-Law, fees and charges are deemed to constitute a debt of the consumer to the municipality. The Act enables this debt to be added to the Tax Roll and collected in the same manner as municipal taxes. If you are a tenant with outstanding water arrears the property owner may be notified.

Applicant Signature: _____

Date: _____

