



CHANGE OF SERVICE FORM
MOVING WITHIN OR OUT OF SERVICE AREA

To help us close your account and (if applicable) open your new account on the correct date, please complete this form. We require at least five business days' notice before your last planned day of service.

CUSTOMER INFORMATION (Please Print)

Account Number: _____

First Name: _____

Last Name: _____

E-Mail Address: _____

Current Phone Number: _____

Change Within or Out of Area: _____ Move Out Date: _____ Move In Date: _____

Residential Status (Own or Rent): _____

MOVING FROM

Address: _____ Unit #: _____

City: _____ Province: _____ Postal Code: _____

MOVING TO

Address: _____ Unit #: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

FINAL BILLING ADDRESS

Address: _____ Unit #: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

REFERENCE LETTER REQUIRED? (Yes / No): _____

Date: _____ **Signature:** _____

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