



New or Relocating Customer Form

First Name _____ Initial _____

Last Name _____ Birth Date: _____

dd mm yy

Spouses Name _____ Birth Date: _____

dd mm yy

Phone (Home) _____ (Business) _____

Employers Name: _____ Phone _____

Only Account Holders have access to account information

New Service Address _____ City _____

Or Forwarding Address _____

Two Pieces of Identification are required:

Drivers License Number: _____

Health Card Number: _____

Date Moving In (must be Monday to Friday) _____

dd mm yy

Are you the new owner Yes No Are you a Tenant Yes No
Landlords or Lawyers Information

Name: _____

Address: _____ Phone: _____

Previous Middlesex Power Distribution Customer: (if applicable)

Account Number: _____ Address: _____

Do you require a final reading at your previous address Yes No

Date reading is required (must be Monday to Friday) _____

dd mm yy

**I, the undersigned,
Agree that all the information above is accurate and complete. I Authorize
the utility to request information from credit bureaus and supplies of
service.**

Signature

Date

Return to our office by Fax, Mail or drop it of at our Office.

Middlesex Power Distribution Corporation
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email@middlesexpower.ca Website: www.middlesexpower.ca