

**APPLICATION FOR TERMINATION
OF ELECTRICAL SERVICE**

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

Phone: 807-274-9291
Fax: 807-274-9375
Email: ffpc@fortfrances.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	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">DAY</td> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">YEAR</td> </tr> </table>	DAY	MONTH	YEAR
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.

SIGNATURE	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Signature _____</td> <td style="width: 33%;">Date _____</td> <td style="width: 33%;">Signature _____</td> <td style="width: 33%;">Date _____</td> </tr> </table>	Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____		
	<p>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.</p> <p>Name: _____ Title: _____ Signature: _____</p>				

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				
------------	----------	--	--	--	--	-----------	----------	--	--	--	--