Winter Month Disconnection Authorization

Name of Property Owner _____

Mailing Address _____

Postal Code _____

Contact Phone Number _____

Service Address for Disconnection _____

I am the owner of the property shown above as “Service Address for Disconnection.” I have instructed *ENWIN* UTILITIES LIMITED to disconnect the electrical service at this location.

I accept full responsibility for any damages that may occur to the property or it’s heating and/or plumbing systems as a result of the absence of electrical services.

I understand that if the service remains off for six consecutive months, it will require an inspection by the Electrical Safety Authority before the meter will be reconnected.

_____ _____

Date Signature of Property Owner

Customer Service Department Tel: (519)255-2727 Fax: (519)255-7423