



Westario Power Inc.

Request for New Electrical Service or Service Upgrades

Residential, Commercial, Industrial, Institutional, and Multi-Residential Customers

Customer/Project Name: _____

Project Location: _____

Send Estimate/Invoice to: _____ Email: _____

Billing Address: _____ Phone #: _____

Contractor/Electrician: _____

Contact Name: _____ Telephone: _____

Email: _____ Fax: _____

Existing Customer: YES No If YES, Account #: _____

If NO, Customer Name: _____ Email: _____ Phone#: _____

Who will be responsible for the monthly service bills once Energized: (Please Circle) Contractor / Customer

NOTE: We do require a Move In form to be completed for ALL NEW Services

Service Request Details

Service Details (check one): Service Upgrade New Service Anticipated Demand Load: _____

Service Type (check one): Overhead Underground _____ kVA

Existing Service: Amps: _____ Volts: _____ Phase: _____ Wire: _____

Proposed Service: Amps: _____ Volts: _____ Phase: _____ Wire: _____

A footprint of building with meter base location(s) to be drawn and completed by a Licensed Electrical Contractor or their legal representative prior to service connection.

Metering Type (check one only)

- Single Meter
- Multiple Meters

Quantity of Meter Installations

100A or less: _____

101A to 200A: _____

more than 200A: _____

In-Service Date

Preferred In-Service Date MONTH _____ DAY _____ YEAR _____

Comments

Signature: _____ Date: _____

(Representative of Applicant)

Name: _____ Title _____

Mailing Address & Drop Box Location: Engineering Dept., Westario Power Inc., 24 Eastridge Road, Walkerton, ON NOG 2V0

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