

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