



Brantford Power Inc.  
220 Colborne St., Brantford, ON N3T 2H1  
**Mailing Address:**  
Box 308, Brantford, ON N3T 5N8  
TEL: 519-751-3522 FAX: 519-756-6041  
Email: customerservices@brantfordpower.ca

**Change of Service  
Moving Within or Out of Service Area**

**To help us close your account and (if applicable) open your new account on the correct date, please complete this form.** We require at least five business days' notice before your last planned day of service.

**CUSTOMER INFORMATION (Please Print)**                      **Account Number** \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Current Phone Number \_\_\_\_\_

Change Within or Out of Area \_\_\_\_\_ Moving Out Date \_\_\_\_\_ Moving In Date \_\_\_\_\_

Residential Status (Rent / Own / Lease) \_\_\_\_\_

**MOVING FROM**

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**MOVING TO**

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**FINAL BILLING ADDRESS**

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**REFERENCE LETTER REQUIRED? (Yes / No)** \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_