



ELECTRICITY METERING CONNECTION FORM FOR SUITE OWNERS

**ALL SECTIONS OF THIS FORM MUST BE FILLED IN TO ENSURE PROPER
CONNECTION.**

Service Address: _____

Suite Number: _____

Registered Owner's name: _____

Address (if Absentee owner): _____

Contact Phone Numbers: Home: _____

Work: _____

Cell: _____

Please indicate if you would like to receive your bill electronically: Yes No

E-mail Address: _____

Date of Closing: _____

Purchaser's Law Firm: _____

Lawyer's Name: _____

Address of Law Firm: _____

Phone #: _____ Fax #: _____

Signature: _____

Date: _____

**Please fax this form to: Provident Energy Management
416-736-4923**