



ELECTRICITY METERING DISCONNECTION FORM FOR SUITE OWNERS

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

Service Address: _____

Suite Number: _____

Seller's Name: _____

Forwarding Address for Final Bill: _____

Contact Phone Numbers: Home: _____

Work: _____

Cell: _____

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

E-mail Address: _____

Date of Closing: _____

New owner name(s) as per Purchase and Sale Agreement:

Seller'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**