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 Fax (905) 571-1015  
 contactus@opuc.on.ca  
 www.opuc.on.ca

## Commercial Upgrade and Temporary Service Request Application Form

Please return **all completed forms with required signature(s)** by email at [Connections@opuc.on.ca](mailto:Connections@opuc.on.ca)

**NOTES:**

1. Additional information may be required to proceed with the service request.
2. Applicants are cautioned not to incur any major expenses until all necessary connection approvals from Oshawa PUC Networks Inc. ("OPUCN") have been received.
3. Please contact us by email at [Connections@opuc.on.ca](mailto:Connections@opuc.on.ca) if you have not received a reply from OPUCN acknowledging receipt of your submission within 5 working business days of submitting.
4. Please ensure that the address on the ESA Connection Authorization matches the service address provided (including unit number if applicable). Connection will only be provided to application with ESA address and description that matches the Confirmation or Offer-to-Connect.
5. The customer must contact OPUCN Customer Connections Department at (905) 723-4623 to schedule disconnect or reconnect upon payment if required and receipt of all connection approvals. A **minimum** 48 hours' notice is required.

**Contact Information**

*(Please print or type)*

	Customer Legal Name (OPUCN Customer Name)	Consultant / Contractor (Electrical)
<b>Contact Name:</b>		
<b>Mailing Address:</b>		
<b>Phone:</b>		
<b>Mobile Phone:</b>		
<b>Fax:</b>		
<b>Email:</b>		

**Service Information**

**Service Address:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**Service Type:**     Upgrade     Temporary     New Permanent     Other

**Customer Class:**     Residential     Commercial     Industrial

**Proposed Load:** \_\_\_\_ kW

**Proposed Main Switch:** \_\_\_\_\_ A    **Existing Main Switch:** \_\_\_\_\_ A

**Voltage:**             240/120V     208/120V     600/347V

**Phase:**              Single-Phase     Three-Phase

**Power Supply:**     Overhead (OH)     Underground (UG)     OH to UG     UG to OH

**Meter Base Location:**     Existing Outside     Inside Moving Out     Relocate     Ganged \_\_\_\_ Position

**Comments/Reason for Upgrade:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I confirm that the information I have given in this form is true to the best of my knowledge. I acknowledge and accept that if we schedule the connection to be done after hours (3:30PM) a charge of \$415 + HST will be added to my electricity bill for the month.

**Owner Signature (required):** \_\_\_\_\_

**Date (dd/mm/yyyy):** \_\_\_\_\_

**Contractor Signature:** \_\_\_\_\_

**Date (dd/mm/yyyy):** \_\_\_\_\_