



100 Simcoe Street South
 Oshawa, Ontario
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 Fax (905) 571-1015
 contactus@opuc.on.ca
 www.opuc.on.ca

Service Request Application Form

Please return **all completed forms with required signature(s)** by email at 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 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)
Contact Name:		
Mailing Address:		
Phone:		
Mobile Phone:		
Fax:		
Email:		

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): _____