Coopérative Hydro Embrun Inc.

Application for Electric Service and Energy

Date of moving :_____

(●) Owner

( ) Tenant

Customer Name: _____

(Last Name) (Given Names)

Service Address:_____

_____Apt.#_____

Forwarding Address:_____

Home Phone # _____ Cell Phone # _____

Email: _____

IF OWNER:

Lawyer for the sale:

Cooperative Hydro Embrun Inc.
821, rue Notre-Dame, Suite 200, Embrun, On K0A 1W1 TEL:(613)443-5110 FAX:(613)443-0495