



Date: _____

Name: _____

Mailing Address: _____

Account Number: _____

Service Address: _____

Meter Number: _____

.....
RECONNECTION WAIVER

I, _____, am responsible for the above noted service address. I hereby authorize InnPower Corporation to reconnect my hydro service at this service address without me being present and I hereby confirm that I will not hold them responsible for any damage that may occur.

Signature

Date

InnPower will not be responsible for any damage or inconvenience, which may be caused by the disconnection or reconnection of service.

***IF YOUR SERVICE IS DISCONNECTED, PLEASE BE AWARE THAT SMOKE AND CARBON MONOXIDE ALARMS THAT ARE ELECTRICALLY CONNECTED TO YOUR HOME'S POWER SUPPLY WILL NOT WORK WHEN ELECTRICITY IS OFF, UNLESS THEY HAVE BATTERY-BACKUPS. MAKE SURE YOUR HOME HAS A BATTERY-OPERATED SMOKE ALARM ON EVERY LEVEL AND A BATTERY-OPERATED CARBON MONOXIDE ALARM. IF THE DWELLING IS WITHOUT ELECTRICITY. ***

*Note form is only valid if all blank fields are completed.

