



InnPower Corporation  
 7251 Yonge Street  
 Innisfil, ON L9S 0J3  
 Tel (705) 431-4321  
 Fax (705) 431-6872  
 Tel (705) 458-4329  
 Toll Free From 775 Exchange  
 Email: [customerservice@innpower.ca](mailto:customerservice@innpower.ca)

**FOR OFFICE USE ONLY:**

ACCOUNT#: \_\_\_\_\_  
 DEPOSIT AMOUNT PAID: \$ \_\_\_\_\_  
 CONNECTION DATE: \_\_\_\_\_  
 AUTHORIZED BY: \_\_\_\_\_  
 DATE OF APPLICATION: \_\_\_\_\_

**RESIDENTIAL APPLICATION FOR SERVICE**

**OCCUPANT 1: PLEASE PRINT – MUST INCLUDE 2 PIECES OF PHOTO IDENTIFICATION**

**\*Required Information**

\*First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_  
 \*Date of Birth (yy/mm/dd): \_\_\_ / \_\_\_ / \_\_\_ 2nd Piece of Identification: \_\_\_\_\_  
 \*Driver's License Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
 \*Home /Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*Cell Phone/Other Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 \*Previous Address: \_\_\_\_\_  
 \*Employer Name: \_\_\_\_\_ \*Business Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OCCUPANT 2: PLEASE PRINT – MUST INCLUDE 2 PIECES OF PHOTO IDENTIFICATION**

\*First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_  
 \*Date of Birth (yy/mm/dd): \_\_\_ / \_\_\_ / \_\_\_ 2nd Piece of Identification: \_\_\_\_\_  
 \*Driver's License Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
 \*Home /Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*Cell Phone/Other Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 \*Previous Address: \_\_\_\_\_  
 \*Employer Name: \_\_\_\_\_ \*Business Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Service Address: \_\_\_\_\_  
 Street Number Street Name Unit/Apt Number City Postal Code

Mailing Address, if different than Service Address: \_\_\_\_\_  
 Street Number Street Name Unit/Apt Number City Postal Code

\*Official Closing/Lease Date (yy/mm/dd): \_\_\_\_\_ Please Check One: Owner  Tenant

\*IF TENANT, NAME OF PROPERTY OWNER: \_\_\_\_\_ \* Owner: Telephone Number \_\_\_\_\_

I/we agree to: (1) pay the security deposit required; or (2) pay for a consumer credit report (\$15.00); or (3) provide a one year electric utility credit history; or (4)  enroll for the pre-authorized payment plan (enclose void cheque), in order to have this account transferred to my/our name. I/we understand that if my/our credit rating or electric payment history is not acceptable and I/we do not choose to enroll in the pre-authorized payment plan, I/we am/are required to pay a security deposit. I/we understand that this deposit may be paid in six equal installments, in six consecutive months commencing the month the service is put in my/our name. I/we further understand that in the event of either non-payment of deposit or account, service may be terminated and not restored until payment is made in full including a charge for collections and reconnection. I/we also understand that I/we may request a review of the account in one year to determine if I/we am/are eligible for a deposit refund. I/we will also inform InnPower Corporation (InnPower) at least one week in advance of when I/we plan to vacate the above premises.

Please be aware that InnPower collects an administrative set up fee for all accounts and this will be applied to your first invoice. The amount charged will be based on the services available at your premises. \$30 (Electric), \$5.50 (Water) & \$5.50 (Sewer). Fees are subject to change.

I/we have read and understood that if the property is in a state of pending disconnection, InnPower may contact the owner of the property (if different from account holder) to notify them of the pending status.

I have read and understood the attached statement of InnPower regarding the collection, use and disclosure of my personal information, and I hereby consent to have InnPower collect and use my personal information for the purposes stated. This information is collected in accordance with the Electricity Act, 1998 and related OEB Codes. Deposit refund policy available upon request.

\*Signature Occupant 1: \_\_\_\_\_ Date (yy/mm/dd): \_\_\_ / \_\_\_ / \_\_\_

\*Signature Occupant 2: \_\_\_\_\_ Date (yy/mm/dd): \_\_\_ / \_\_\_ / \_\_\_



**WATER/SEWER TENANT- OWNER APPLICATION**

**OWNER AND TENANT MUST COMPLETE THE INFORMATION BELOW FOR THE APPLICATION TO BE VALID**

**Tenant**

Account # \_\_\_\_\_ Service Address: \_\_\_\_\_

I, \_\_\_\_\_, the Tenant of the above property, hereby acknowledge that should any bills or correspondence be returned back to the Town of Innisfil, or should the account go into arrears, the Town of Innisfil reserves the right to send any such correspondence directly to the Owner of the rental property.

\*Tenant Signature(s): \_\_\_\_\_

\*Printed Name(s): \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Tenant's Phone Number: \_\_\_\_\_ Other: \_\_\_\_\_

\*Date to Commence Change: \_\_\_\_\_

**Owner**

I, \_\_\_\_\_, the Owner of the above mentioned property, request that the Tenant receive the Water/Sewer Bill. In the event the charges for Water/Sewer are not paid by said Tenant, I understand that the arrears become my responsibility as the Owner of the property, and may result in the transfer of arrears to my Property Taxes.

\*Owner's Signature(s): \_\_\_\_\_

\*Printed Name(s): \_\_\_\_\_

\*Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Owner's Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**INNPOWER CORPORATION CONSENT**

If you would like to be contacted about conservation programs, tips, contests and upcoming events. Please provide your email address & initial your consent. \_\_\_\_\_ Initial(s)



InnPower Corporation  
7251 Yonge Street  
Innisfil ON L9S 0J3  
Tel (705) 431-4321  
Fax (705) 431-6872  
Tel (705) 458-4329  
Toll Free From 775 Exchange

---

## CONSENT FORM FOR NEW CUSTOMERS

InnPower Corporation (InnPower) is pleased to be your provider of electricity distribution services. In addition, InnPower provides water and wastewater billing service to customers in the Town of Innisfil on behalf of the Town of Innisfil. As of January 1, 2004 the federal legislation protecting your privacy requires that InnPower obtain your written consent to collect, use and disclose your personal information for identified purposes. We invite you to read this notice carefully to understand our policies and practices with respect to personal information.

The nature of personal information we collect may include:

- Information we receive from you such as your name, address, contact information and general financial, credit and reference information;
- Facts about your historical and current consumption of power;
- Information about your transactions with us, such as meter number, account number, account balances, payment history, and account activity;
- Identifying information, such as a driver's license and social insurance number.

InnPower uses the information we collect for the following purposes:

- To provide you with continuous electric service and to bill you for that service;
- To assist us in the collection of accounts;
- As a billing and collecting agent for the Town of Innisfil for water and wastewater service;
- To respond to your inquiries about energy use and billing;
- To prevent fraud with respect to both you, InnPower and the Town of Innisfil;
- To meet legal and regulatory requirements.

Because of the structure of the electricity sector in Ontario, it may be necessary to share your billing and consumption information with third party billing and settlement agencies. For example, your billing and consumption information may be provided to a retailer with whom you have chosen to enter into a separate contract. Your information may also be disclosed or shared with other agencies or organizations as required by law or regulation.

We have developed and implemented a Corporate Privacy Policy for maintaining the confidentiality and security of your personal information. At any time, you have the right to request access to your personal information which we have collected and to request amendments to personal information about you to ensure its accuracy and completeness. To make a request for access to personal information we may have collected, disclosed or used about you or to request that your personal information be amended, please contact Barb Cesarin at 705-431-4321 x244, or in writing to 7251 Yonge Street, Innisfil ON L9S 0J3.