



METERING CONNECTION FORM

ALL SECTIONS OF THIS FORM MUST BE FILLED IN TO ENSURE PROPER CONNECTION.

Service Address: _____

Suite Number: _____

Owner

Registered Owner's Name: _____

Address (if Absentee owner): _____

Contact Phone #: Home: _____ Cell: _____

Please indicate if you would like to receive your bill electronically: Yes No

E-mail Address: _____

Date of Closing: _____

Lawyer's Name: _____ Phone #: _____

Signature: _____ Date: _____

Tenant

Tenant's Name(s) _____

Contact Phone #: Home: _____ Cell: _____

Please indicate if you would like to receive your bill electronically: Yes No

E-mail Address: _____

Agent's Name: _____ Phone #: _____

Start Date of Lease: _____

Signature: _____ Date: _____

**Please fax this form to: Provident Energy Management
416-736-4923**