

## **MOVE OUT FORM**

Use this form to submit your move-out information. Please make sure to fill in all information.

Current Service Address			
Current Service Address :			
Move Out Request Information			
Are you an Owner or Tenant?	Owner	Tenant	
Move-out Date :			
(It must be at least 3 days in the future, not includin	g holidays and weekend	ls)	
	5 nonadys and weekene		
Mailing Address – As of Move-Out Date			

Street Address : Unit# : City :

Province/State :

Postal/Zip Code :

## **Account Information**

Account# :

Name of Authorized Person :

(Individual must be a name on the account)

Business Name (if applicable) :

- Phone# :
- Work Phone# :

Cell Phone# :

Email :

I confirm that I am the account holder acknowledged above and that the information provided in this form is true, complete and accurate.

Today's Date : Signature :

## Please mail or deposit form into our 24 hour drop Box :

Niagara Peninsula Energy 7447 Pin Oak Drive P.O. Box 120 Niagara Falls, ON L2E 6S9 **E-mail to: info@npei.ca**