



Milton Hydro Distribution Inc.

200 Chisholm Dr.
Milton, Ontario L9T 3G9
Phone: (905) 876-4611
Fax: (905) 876-2044

Authorization to Provide Continuous Hydro Services

Account Number: _____

Service Address: _____

Mailing Address: _____

Contact Number: _____

Email Address: _____

Property Owner's Name(s): _____

In accordance with the requirements of the Distribution System Code ("DSC") I/we give our authorization to Milton Hydro to establish an account in my/our name(s) in order to continue to provide hydro service to the above property between tenancies. I/we agree to accept responsibility for the payment of hydro services during the period of vacancy, which may occur at the time Milton Hydro is notified to close the account or Milton Hydro determines that the property is vacant. Milton Hydro is not required to provide notification to me/us of a vacancy.

Furthermore, I/we shall immediately inform any new tenant to contact Milton Hydro to arrange to set up an account for hydro service in their name(s).

This authorization does not expire until such time as I/we provide written notice to Milton Hydro by registered mail.

Name	Date	Signature
Name	Date	Signature

If a corporation, I/we have the authority to bind the corporation.