

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
Are you selling or renting the property?	Selling Renting
Move-out Date : (It must be at least 3 days in the future, not inclu	uding holidays and weekends)
Mailing Address – As of Move-Out Date	
Street Address :	
Unit# :	
City :	
Province/State :	
Postal/Zip Code :	
Account Information	
Account# :	
(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 true, complete and accurate.	acknowledged above and that the information provided in this form is
Today's Date : Signature :	
Please mail or deposit form into our 24 hour of	drop Box :
Niagara Peninsula Energy	
7447 Pin Oak Drive	
D.O. D. 120	

P.O. Box 120 Niagara Falls, ON L2E 6S9

E-mail to: info@npei.ca