CORPORATION OF THE CITY OF NEW WESTMINSTER
511 ROYAL AVENUE, NEW WESTMINSTER, B.C. V3L 1H9 604-527-4555 FAX: 604-521-3895
EMAIL: postmaster@newwestcity.ca

APPLICATION FOR CONNECTION

Date of Application..... (YYYY / MM / DD)

Customer No. | | | | | | | Effective Date..... (YYYY / MM / DD)

Name..... (LAST / FIRST / MIDDLE INITIAL)

Service Address..... (SUITE / STREET / POSTAL CODE)

Mailing Address *(if different)* ..... (SUITE / STREET / POSTAL CODE)

Previous Address..... (PRIOR ACCOUNT NUMBER)

Discontinuance Date..... (YYYY / MM / DD)

Cell No. | | | - | | | | - | | | | Phone No. | | | - | | | - | | | |

The undersigned hereby applies to The Corporation of the City of New Westminster for electrical service at the premises described above commencing from the date that service is connected and thereafter from month to month in accordance with the applicable terms and conditions and at the rates in force from time to time in the City of New Westminster. The undersigned agrees to pay the rates and abide by the terms and conditions contained in the City of New Westminster's Electrical Energy Rates Bylaw, 1986 and amendments thereto. The undersigned consents to the disclosure of account balance information to the property owner for the purpose of collecting an unpaid amount.

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SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

New Account Charge $.....G.S.T.....BILL ☐ PAID ☐