CHATHAM-KENT UTILITY SERVICES
A Chatham-Kent Energy Company

New or Relocating Customer Form

First Name _____ Initial _____

Last Name_____ Birth Date: _____
dd mm yy

Spouses Name _____ Birth Date: _____
dd mm yy

Only account holders have access to account information

Phone (Home) _____ (Business) _____

New Service Address _____ City _____
Identification required:

Drivers License Number: _____

Employers Name: _____

Date Moving In (must be Monday to Friday) _____
dd mm yy

Are you the new owner ☐ Yes ☐ No

Are you a Tenant ☐ Yes ☐ No If Yes - Landlords Information

Name: _____

Address: _____ Phone:_____

Previous Chatham-Kent Customer: (if applicable)

Account Number: _____ **Previous Address**:_____

Do you require a final reading at your previous address ☐ Yes ☐ No

Date reading is required (must be Monday to Friday) _____
dd mm yy

I, the undersigned,
Agree that all the information above is accurate and complete. I Authorize the utility to request information from credit bureaus and supplies of service.

_____

Signature **Date**

Return to our office by Fax, Mail or drop it off at any Chatham-Kent Municipal Service Centre.

Chatham-Kent Utility Services Inc.
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