



100 Simcoe Street South  
 Oshawa, Ontario  
 L1H 7M7  
 Tel. (905) 723-4623  
 Fax (905) 571-1015  
 contactus@opuc.on.ca  
 www.opuc.on.ca

## Miscellaneous Request Application Form

Please return **all completed forms with required signature(s)** by email at [Connections@opuc.on.ca](mailto:Connections@opuc.on.ca) or fax at (905) 571-1015.

**NOTES:**

1. Additional information may be required to proceed with the request.
2. Applicants are cautioned not to incur any major expenses until all necessary approvals from Oshawa PUC Networks Inc. ("OPUCN") have been received.
3. Please contact us by email at [Connections@opuc.on.ca](mailto:Connections@opuc.on.ca) if you have not received a reply from OPUCN acknowledging receipt of your submission within 5 working business days of submitting.
4. If applicable, the customer must contact OPUCN Customer Connections Department at (905) 723-4623 to schedule disconnect or reconnect upon payment. A minimum 48 hours' notice is required.

**Contact Information**

*(Please print or type)*

	Customer Legal Name <small>(Required)</small>	Consultant / Contractor <small>(If Applicable)</small>
<b>Contact Name:</b>		
<b>Mailing Address:</b>		
<b>Phone:</b>		
<b>Mobile Phone:</b>		
<b>Fax:</b>		
<b>Email:</b>		

**Service Information**

**Address:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**Component:**       Anchor/Guy     Pole     Transformer     Overhead Line     Other

**Service Type:**     Removal     Repositioning     Replacement     Other

**Customer Class:**     Residential     Commercial     Industrial

**Comments/Reason for Request:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I confirm that the information I have given in this form is true to the best of my knowledge.

**Customer Signature** *(required)*: \_\_\_\_\_

**Date** (dd/mm/yyyy): \_\_\_\_\_

**Contractor Signature:** \_\_\_\_\_

**Date** (dd/mm/yyyy): \_\_\_\_\_