



SERVICE REQUEST FORM

400 C Line, P.O. Box 400
Orangeville, Ont, L9W 5G7
Tel: 519-942-8000
Fax: 519-941-6061
operations@orangevillehydro.on.ca

ORANGEVILLE HYDRO LTD.

Engineering Department

ORANGEVILLE HYDRO CUSTOMER INFORMATION

Business/Owner Name:		
Contact Name:	Email:	
Address:	Town:	Postal Code:
Phone:	Secondary Phone:	Fax:

ELECTRICAL CONTRACTOR INFORMATION

Company Name:		Contact Name:
Address:	City/Town:	Postal Code:
Phone:	Fax:	Email:

CONSULTANT INFORMATION Not Applicable

Company Name:		Contact Name:
Address:	City/Town:	Postal Code:
Phone:	Fax:	Email:

EXISTING SERVICE DETAILS Not Applicable

Existing Account #:

Scope of Work:	<input type="checkbox"/> Add or Remove Meter	<input type="checkbox"/> Meter Base Change	<input type="checkbox"/> Panel Change	<input type="checkbox"/> Repair			
Existing Amperage:	<input type="checkbox"/> Underground	<input type="checkbox"/> Overhead	<input type="checkbox"/> 120/240V, 1Ø	<input type="checkbox"/> 120/208V, 3Ø	<input type="checkbox"/> 347/600V, 3Ø		
Existing Meter Details:	<input type="checkbox"/> Single	<input type="checkbox"/> Ganged	<input type="checkbox"/> Central Metering	<input type="checkbox"/> Meter Center	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	<input type="checkbox"/> Pole
Desired Amperage:	<input type="checkbox"/> Underground	<input type="checkbox"/> Overhead	<input type="checkbox"/> 120/240V, 1Ø	<input type="checkbox"/> 120/208V, 3Ø	<input type="checkbox"/> 347/600V, 3Ø		

NEW SERVICE DETAILS Not Applicable

Desired Amperage:	<input type="checkbox"/> Underground	<input type="checkbox"/> Overhead	<input type="checkbox"/> 120/240V, 1Ø	<input type="checkbox"/> 120/208V, 3Ø	<input type="checkbox"/> 347/600V, 3Ø
Scope of Work:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Generation		

ADDITIONAL INFORMATION Site Meeting Required Service Layout Required

OFFICE USE ONLY

Date Received:

By:

Application for Residential/Commercial Account Received

WO#