



Application for Utility Services

If submitting by e-mail : please return to customerservice@summerside.ca

Customer Name(s):		Photo ID #:	
Service Address:		Postal Code:	
Mailing Address – only if different from Service Address:			
Date service requested for: (**48 Hour notice required – connections are not scheduled on weekends or holidays)			
Phone:	Lawyers Name : (If property purchase)		
Email:	Do you want to receive your bill by email? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Pre-Authorized payment arrangements may be set up through the 'My Account' web access on the City of Summerside secure portal.		Do you want to sign up for My Account web access? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Owner , complete below:		If Tenant , complete below:	
Type of Service? New <input type="checkbox"/> Existing <input type="checkbox"/>		Owner's Name: _____	
Meter Required to be Installed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name on the Lease Agreement or Occupants: _____	
Type of Use? Residential <input type="checkbox"/> Commercial <input type="checkbox"/>			
Are utilities currently billed to a tenant? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is tenant remaining in location? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Utility Services Required:			
Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		If No selected, give reason: _____	
Water/Sewer Yes <input type="checkbox"/> No <input type="checkbox"/>		If No selected, give reason: _____	
Are you a previous Summerside Utility Customer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, what address: _____			
If you are a Current Summerside Utility Customer, do you need any services disconnected?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Address: _____ Date: _____			
Would you like someone other than the Customer(s) listed at the top of this Application to have authorization on your account?			
Individual's name(s): _____ Relationship: _____			
New Customer ID:		Deposit Required/Quoted:	



- Information provided on this form to my knowledge is correct/accurate.
- If I am a tenant I understand that the owner of the property may be advised if my account becomes in arrears.
- I understand that utility services can be disconnected for the following reasons:
 - undue interference with the City’s electrical service to other Customers or the City’s own equipment
 - safety considerations including defective wiring conditions or condemned properties;
 - the Customer’s refusal to grant access by City personnel to City Facilities and Rental Facilities for inspection, meter reading maintenance and/or replacement of equipment;
 - at the request of authorized personnel of the Province of Prince Edward Island pursuant to the P.E.I. Electrical Inspection Act;
 - nonpayment of Accounts in arrears;
 - the customer does not meet one or more of the City’s requirements for the provision of service.

The following timeline and notifications will be followed prior to disconnection.

- For accounts with a past due amount greater than 10 days, the customer is notified in writing that they have 14 days to either make a payment in full, or to make payment arrangements.
- If after the 14 days have expired and no payment or payment arrangement has been made, the customer is again notified in writing that their account has been classified *Disconnection Pending*. A payment or payment arrangements must be made within 14 days.
- If after the second notice period elapses and there is still no payment or payment arrangement made, the account will be scheduled for immediate disconnection.

If a customer is not able to make payment in full, they may be expected to comply with a payment arrangement, the terms of which will be approved by Financial Services. An arrangement may include an obligation to *prepay* an amount in advance, for anticipated service costs in the immediate future, for example up to 15-30 days. If a payment arrangement is not adhered to and the Department of Financial Services has not been notified of a payment being missed, disconnection **will** take place without further notice.

I confirm I understand the above and am authorizing the provision of utilities services as detailed above in name.

(Signature)

(Date)

(Print Name)

FINANCIAL SERVICES USE ONLY:	
Date:	
Service Order #:	
Balance Owing:	
Completed By:	
Tech Serv/Munc Serv (yes or n/a):	