



WYSE METER SOLUTIONS INC.
 Enrollment Centre
 PO Box 95530 RPO Newmarket CTR
 Newmarket, ON. L3Y 8J8
 toll free: 1.844.411.0663
 fax: 905.952.3479
 billing@wyseutilities.com

MOVING NOTIFICATION FORM

To ensure a smooth transition - and to ensure that you pay only for the electricity that **you** have actually used - you must notify WyseMeter a minimum of two weeks prior to your move-out date. Please note that failure to provide WyseMeter with the minimum notice may result in delayed meter reading and/or additional charges.

We will read your meter on the final day and send the final bill to your new address. If applicable, your security deposit will be applied to your final bill. Any credit balance will be mailed to you at your new address.

Please complete all applicable fields below to ensure your account is processed promptly.

PLEASE CHECK WHICH APPLIES	Are you the; <input type="checkbox"/> Owner or <input type="checkbox"/> Renter	
RESIDENT NAME / ACCOUNT HOLDER		ACCOUNT #
CURRENT ADDRESS (where service is being provided)	Unit # _____, at _____.	
FORWARDING ADDRESS (where final bill should be sent)		
PHONE & EMAIL	Home (existing)	Work
	Home (after move)	Cell
	Email	
PRIVACY	In accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA), the Resident named above acknowledges that providing personal information to WyseMeter is considered consent to the collection, use and disclosure for billing, collection, auditing, and other necessary purposes. The information will only be shared with related WyseMeter companies and third-party service providers, and is processed and stored with appropriate confidentiality levels as per WyseMeter's Privacy Policy. Our billing practices comply with applicable Ontario Energy Board Codes and Rules, associated policies, standards and procedures.	
I understand that my security deposit, if applicable, will be applied to my account on final billing. Should the final billing amount be less than the amount of the security deposit, WyseMeter will mail a cheque for the balance to the forwarding address provided above.		EFFECTIVE MOVE-OUT DATE
I confirm that the information I have provided above is true and complete.		
RESIDENTS'S SIGNATURE		DATE
Please complete, sign and date this form, and send it to the WyseMeter Enrollment Centre: By Fax at 905-952-3479, or By Mail to PO Box 95530 RPO Newmarket CTR. Newmarket, ON. L3Y 8J8		