



MOVE IN FORM FOR RESIDENTS

ALL SECTIONS OF THIS FORM MUST BE FILLED IN TO ENSURE PROPER CONNECTION.

Service Address: _____

Suite Number: _____ Date of Closing/Lease: _____

Resident's Name: _____

☐ Owner* ☐ Tenant**

Mailing Address (if different from above): _____

Contact Number(s):

Home: _____ Work: _____

Cell: _____ Email: _____

Landlord **OR Landlord Agent Signature is **Mandatory** for Tenant Connection

☐ Landlord Name (Print): _____ Landlord Signature: _____ Date: _____

☐ Landlord Agent Name (Print): _____ Landlord Agent Signature: _____ Date: _____

***For New Owners:** In order to set up a new account a **Utility Letter** is required from your lawyer with the following information on letterhead:

- Property address
- Closing date
- Full names of vendor and purchaser

Please fax or email this form to: **Provident Energy Management 416-736-4923 or customerservice@pemi.com**

20 Floral Parkway, Concord, Ontario L4K 4R1

Telephone: 416.736.0630  Fax: 416.736.4923  info@pemi.com  www.pemi.com