



Continued Service Agreement (CSA) Form

7251 Yonge St., Innisfil ON L9S 0J3 • 705-431-4321 • Fax 705-431-6872 • www.innpower.ca

Owner Information

Owner Name(s): _____	Mailing Address: _____
_____	City/Town: _____
_____	Province: _____
Email Address: _____	Postal Code: _____
Telephone (Main): _____	Telephone (Work): _____

Service Information

Service Address: _____	Account Number: _____
City/Town: _____	Meter Number: _____
Province: _____	
Postal Code: _____	

Continued Service Agreement (CSA)

I, the undersigned, as owner or signing authority for the above-mentioned property will accept full responsibility for all electricity costs when electricity is left on after a tenant has moved. The account will bill in the owner's name until such time another tenant assumes responsibility for the account.

As a condition of service, I/we agree to accept responsibility for and payment of billed services issued by InnPower Corporation, including new occupancy charge when the account is final billed and put into my name, any miscellaneous charges and any applicable taxes. The undersigned further agrees to accept the policies and procedures as set from time to time by InnPower Corporation.

PLEASE NOTE: InnPower Corporation requires this signed agreement in our office **within 10 days** from the date of letter. If there isn't a CSA agreement in place you would be required to authorize the account to be put in your name each time a tenant vacates. If we do not have that authorization service would be disconnected.

InnPower will NOT be held responsible for any damage or inconvenience, which may be caused by the reconnection or disconnection of service.

*If your service is disconnected, please be aware that smoke and carbon monoxide alarms that are electrically connected to your home's power supply will not work while the electricity is off, unless they have battery back-ups. Make sure that your home has a battery-operated smoke alarm on every level and a battery-operated carbon monoxide alarm if the dwelling is without electricity.

Authorized Signature(s): _____ Date: _____

FOR OFFICE USE ONLY

Date of Form Received: _____
Processed By: _____