



Continued Service Agreement (CSA) Form

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

FOR OFFICE USE ONLY

Date of Form Received: _____ Processed By: _____

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 15 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: _____

Please complete page 2 to choose the Regulated Price Plan (RPP) structure that applies to the Electricity line of your bill.



Regulated Price Plan Election Form

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Account #: _____ Processed By: _____

Please fill out this form if you want to change the Regulated Price Plan (RPP) structure that applies to the Electricity line of your bill. There are two options: Time-of-Use and Tiered.

Under Time-of-Use pricing, the price you pay for electricity depends on when you use it. Under Tiered pricing, you can use a certain amount of electricity each month at a lower price, and once that limit is exceeded, a higher price applies.

For more information on Time-of-Use and Tiered Pricing and tools to help you decide which price structure is right for you, please visit www.oeb.ca/choice or www.innpower.ca

If you have any questions about this form please visit our website www.innpower.ca, or contact our Customer Service.

InnPower Customer Service

Phone: (705) 431-4321

Email: cs@innpower.ca

Enter the following information exactly as it appears on your Continued Service Agreement (CSA). If your information is not entered as it appears on your CSA, we may not be able to process your form.

Account Information

Name on Account: _____ Account #: _____

Service Address

Mailing Address: _____ Province: _____

Unit/Apt #: _____ Postal Code: _____

City/Town: _____

Pricing Structure

Select desired price structure:

Default Time-of-Use

I would like to be switched to Tiered Pricing

How would you like to be contacted about this form?

Please select one of the following communication methods and provide information if necessary:

Email. Please provide email address: _____

Mail.

Mailing address is the same as service address.

Mailing address is different than service address. If so, please provide: _____

Telephone. Please provide phone number: _____

Printed/Typed Name of Account-Holder

(or an individual authorized by the account-holder to give this Form on the account-holder's behalf)

Signature of Account-Holder

(or an individual authorized by the account-holder to give this Form on the account-holder's behalf)

Date:

¹If you were paying Tiered prices prior to November 1, 2020, it means that your meter can't be used to bill TOU prices and you can't switch to TOU prices at this time. Please contact us with any questions.