

Account No. _____ Service address: _____

I, _____, authorize Algoma Power Inc. (API) to disconnect the power at the location noted above.

Reason: _____

I certify that no other person will be adversely affected by this disconnection.

CHOOSE "ONE" OF THE FOLLOWING OPTIONS ONLY:

- POLE:** I authorize disconnection at the pole. The service wire will be disconnected from API distribution system and the meter will be removed. A service charge of \$185.00 for Disconnect/Reconnect @ pole will be billed on account.

Note: I understand that if I decide to have power at this location again, it will be treated as a new service, and all connection and other installation fees, an Electrical Safety Authority inspection, and a service layout will be required.

- METER:** I authorize disconnection at the meter. The meter will be de-energized but will remain on site. Service may be reconnected within a six-month period without Electrical Safety Authority inspection. A service charge of \$65.00 for Disconnect/Reconnect @ meter will be billed on account.

Note: If power has not been reconnected within six months from the date that it was de-energized, the meter will be removed and lines disconnected from API's distribution system. If I decide to have power at this location again after this has been done, it will be treated as a new service, and all connection fees and other installation fees, an Electrical Safety Authority inspection, and a service layout will be required.

API reserves the right to deny connection, as outlined in section 2.1.3 Connection Denial of API's Conditions of Service manual.

The meter number is: _____

(The meter number is at the bottom centre on the face of the meter. Please supply the meter number if you have more than one service, or if there is any doubt about what service you want disconnected.)

The meter is located: Outside

Inside *(An appointment must be arranged for API to have access to the meter if it is inside.)*

I would like the power disconnected (when?): _____

Note: API requires one week notification to schedule work.

Signature of Customer: _____

Date: _____ Telephone Number: _____