

Application for Residential Service



Mailing address:
P.O. Box 9501 Vancouver, B.C. V6B 4N1
Apply on line at: www.bchydro.com

Lower Mainland Phone: 604 224-9376 Fax: 604 528-2297
Other areas Phone: 1800 224-9376 Fax: 1 877 528-2290

Applicants who are new to BC Hydro will have to establish their creditworthiness or be placed on a secured billing plan. Please see the reverse side for more information.

Account number: _____

PLEASE COMPLETE BOTH SECTIONS BELOW IN ORDER TO ESTABLISH HYDRO SERVICE IN YOUR NAME

SECTION I

New address: _____ Unit number: _____
Premises number and street name

City and postal code

Name: _____
First name Middle initial Last name

Your previous address: _____ Unit number: _____
Premises number and street name

City and postal code

Was Hydro service in your name? Yes or No

If yes, do you want this account closed? Yes or No When? _____
Day Month Year

Date responsible at new address: _____
Day Month Year

Telephone: (_____) Previous telephone number: (_____)
Area code Area code

Mailing address (if different from service address): _____

Will there be a dog present at the new address? Yes or No

Equal Payment Billing: Yes or No

Equal Payment is MONTHLY BILLING based on previous 12 months history at residence.

SECTION II

B.C. Driver's License number: _____

Spouse or roommate: _____
First name Middle initial Last name

or Single:

Own or Rent Landlord or manager's name: _____

Landlord's address: _____ Telephone number: (_____)

Employer: _____ Telephone number: (_____)

Address: _____

Personal reference: (preferably a relative)

Name: _____ Telephone number: (_____)

Address: _____

Relationship of reference: _____ (Mom, Dad, friend, etc.)

Applicant's date of birth _____ Additional reference information _____
(DD/MM/YY)

Note: An account charge, plus GST, will be included on your first bill.

Signature: _____

Thank you for your application. Please be sure to notify us when you move out.