



400 Sheldon Drive, Unit 1
Cambridge, Ontario, N1T 2H9

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Fax: 1-800-667-4278
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Application to Re-Energize Electrical Service

This application is to re-energize the electrical service to a site.

The party repairing damaged electrical equipment or wiring must complete and submit to ESA the appropriate Apartment, Renovation Residential, or LV / HV ICIA Application for Inspection.

Date: _____		ESA Account #: _____	
Applicant Information - full mailing address			
Name: _____			
Address: _____		Unit/Ste/Apt: _____	
City: _____		Prov/State: _____	Country: _____
Postal Code: _____	Phone #: _____	Email: _____	Fax #: _____
Site Information - property to be Inspected			
Name: _____			
Civic #: _____	Street: _____		Sub Lot: _____ Other: _____
Note the alternate street name if street is a #d Regional Rd, County Rd, Hwy: _____			
City/Town/PPN: _____		Twp/RMN: _____	
<small>City/Town/Populated Place Name</small>		<small>Township/Regional Municipality Name</small>	
Site Contact Name: _____		Site Contact Phone #: _____	
Property Owner Information (if different than Applicant) - full mailing address			
Name: _____			
Address: _____		Unit/Ste/Apt: _____	
City: _____		Prov/State: _____	Country: _____
Postal Code: _____	Phone #: _____	Email: _____	Fax #: _____
Structure to be Inspected - Please indicate type		Driving Directions/Comments/ Work Details	
1. Apartment Building - 5 or more units [MI36] _____ Qty \$ _____	2. Multi-Unit Res (duplex/triplex/quadruplex, stacked house) [MI37] _____ Qty \$ _____	Main Intersection _____ Water Travel Required <input type="checkbox"/> Yes <input type="checkbox"/> No If water travel is required, please note the Island name, dock number, marina and necessary contact numbers in this space.	
3. Single Family Dwelling [MI34] _____ Qty \$ _____	4. Mobile Home [MI35] _____ Qty \$ _____		
5. Other [MI38] rooming house, nursing home, office, hospital, hotel, factory, farm, etc. _____ Qty \$ _____	Describe the facility _____		
Reason Service was Disconnected by the Utility - Please check			
1. Non-Occupancy _____	2. Non-Payment _____		
3. Fire [MI32] _____	4. Flood [MI33] _____		
5. Explosion [MI31] _____	6. Lightning Strike [MI31] _____		
7. Other Disaster (describe) _____	8. Meter By-Pass [MI39] _____		
9. Grow Op / Meth Lab [MI39] _____			
For reconnection of service at a clandestine laboratory (grow op, meth lab, etc.), visit the ESA website at www.esasafe.com for additional critical information concerning the process for reconnecting service.			
Payment Method			
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cheque		
Card # _____	Name _____	Expiry _____	Fee Estimate incl HST
			\$ _____

By submitting personal information to the Electrical Safety Authority, or its agents and service providers, you agree that ESA may collect, use and disclose such personal information in accordance with its privacy policy, applicable laws or pursuant to our administrative agreement with the Province of Ontario. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com.