



HEAD OFFICE:

BAKER LAKE: Qaiqtuq Building, P.O. Box 420 Baker Lake, NU, X0C 0A0. **Phone:** (867)793-4200 **FAX:** (867)793-4225

Toll Free 1-866-710-4200

Regional Offices:

Iqaluit:	Rankin Inlet:	Cambridge Bay:
Toll Free Numbers: 1 800 491 8127	1 800 491 8116	1 800 661 0858

New & Existing Customer Work Order - >

Issued by Plant # _____ (if applicable)

SERVICE REQUEST: (CHECK ONE)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Connect | <input type="checkbox"/> Full Disconnect | <input type="checkbox"/> Reconnect | <input type="checkbox"/> Load Limiter |
| <input type="checkbox"/> New Service Location | <input type="checkbox"/> Meter Change | <input type="checkbox"/> Temporary Service | <input type="checkbox"/> Transfer of Location |

DISCONNECT:

Name: _____ Account # _____
Last First

Service Location: _____

Application Date: _____ Termination Date: _____ Route: _____ Sequence: _____

Note: If you are moving out of the community or out of Nunavut a forwarding address must be provided.

***Forwarding** _____ Telephone (H) _____
Street Address / Civic Address

Address: _____ Telephone (W) _____
Town / City Postal Code

***Customer Signature:** _____ *Work Order Not Valid Without Signature* ***Dated:** _____

I accept the terms and conditions of service and I agree to notify Qulliq Energy Corporation before or immediately after I vacate the above premises. I (mm/dd/yy) will be liable for all charges until such changes are given.

CONNECT:

Application Date: _____ In Service Date: _____
(mm/dd/yy) (mm/dd/yy)

Current Account # _____ New Account # _____
Existing Customer Only Office Use Only

***Name:** _____ Customer ID: _____
Last First Office Use Only

New Mailing Address: _____ Telephone (H): _____
Telephone (W): _____

Postal Code: _____ New Service Location: _____

Email: _____

***Government ID#** _____ ***Date of Birth:** _____
Please specify source of Government Issued I.D. (mm) (dd) (yyyy)

Office Use Only: _____

Deposit: _____ Deposit Date: _____ Connection Fee: _____ Route: _____ Sequence: _____
(mm/dd/yy)

Type of Service: (check ONLY one)

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Territorial Support | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Non Subsidized | <input type="checkbox"/> Residential Gov't | <input type="checkbox"/> QEC Residential |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Commercial Demand | <input type="checkbox"/> Commercial Gov't | <input type="checkbox"/> Comm. Gov't Demand | <input type="checkbox"/> QEC Commercial |

***Customer Signature:** _____ *Work Order Not Valid Without Signature* ***Dated:** _____

I accept the terms and conditions of service, and I agree to notify Qulliq Energy Corporation before or immediately after I vacate the above premises. I (mm/dd/yy) will be liable for all charges until such changes are given.

Old Meter

New Meter

Permit # _____

Meter # _____

Meter # _____

Meter Change Reason

Multiplier: _____

Multiplier: _____

Gov't Inspection: _____

Reading: _____

Reading: _____

Broken Meter: _____

Demand Read: _____

Demand Read: _____

Other: _____

Read Date: _____

Read Date: _____

W/O # _____

Performed By: _____

*** REQUIRED FIELD - Must be completed by the customer**