



Move Out Form

Account # _____ **Date** _____

Service Address Information (property being vacated)

Street Address _____

Address Line 2 _____

City _____ Postal Code _____

Personal Information

First Name _____ Last Name _____

Phone _____ Work Phone _____ Email _____

Authorized Signature(s): _____

Forwarding Address Information

Street Address _____

Address Line 2 _____

City _____ Province _____ Postal Code _____

Please submit this form to the offices of Ottawa River Power at one of the following locations:

Pembroke Office

283 Pembroke St. West
Pembroke ON K8A 6Y6
Tel: (613) 732-3687
Fax: (613) 732-9838

Almonte Office

12B Mill Street • Box 179
Almonte ON K0A 1A0
Tel: (613) 256-3722
Fax: (613) 256-3994