



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

Phone: 1-877-ESA-SAFE (372-7233)  
[esa.Cambridge@electricalsafety.on.ca](mailto:esa.Cambridge@electricalsafety.on.ca)

### RE-ENERGIZE ELECTRICAL SERVICE

The purpose of this notification is to re-energize an existing electrical service at a site. The party repairing damaged electrical equipment or wiring must complete and submit to ESA the applicable Apartment, Renovation Residential or LV / HV ICIA Notification & Fee Estimate.

Date _____ ESA Account # _____ ECRA/ESA Lic # _____	<input type="checkbox"/> I confirm that the information provided in this form is true, complete and accurate. Name: _____ Signature: _____
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Payment Method	
<input type="checkbox"/> <b>Charge to ESA Account</b> <small>If you are on account with us and wish to pay by credit card, please check the ESA account customer box to the right and provide the last four digits of the card we have save on file to your account.</small>	<input type="checkbox"/> <b>Credit Card</b> <small>ESA account customer - provide the last 4 digits of the card saved on file with ESA _____  <b>One-time / non-account customer - DO NOT</b> submit this form to pay by credit card. To comply with Credit Card Payment security requirements, you must file your notification with ESA by phone; please call 877-ESA-SAFE (372-7233), Mon-Fri 7:00AM-4:30PM. Your inspection may be delayed if you submit this form with a credit card payment.</small>

Applicant Information - full mailing address	
Name _____ Address _____ Unit/Ste/Apt _____ City _____ Prov/State _____ Country _____ Postal Code _____ Phone _____ Email _____	

Site Information - property to be Inspected	
Name _____ Civic # _____ Street _____ <small>Note the alternate street name if street is a #d Regional Rd, County Rd, Hwy: _____</small> Phase _____ Block _____ Building _____ Floor _____ Unit/Suite _____ Sub Div Lot _____ City/Town _____ Twp/Region _____ Rural Lot _____ Rural Conc _____ Main Intersection _____ Water Travel Required? Yes <input type="checkbox"/>	

Work Contact (applicant's representative) - this notification will be returned if a Work Contact name & cell phone / email address are not provided	
First & Last Name _____	Cell Ph _____ Email _____

Property Owner Information (if different than Applicant) - full mailing address	
Name _____ Address _____ Unit/Ste/Apt _____ City _____ Prov/State _____ Country _____ Postal Code _____ Phone _____ Email _____	

Structure to be Inspected - Please indicate type	Driving Directions/Comments/ Work Details															
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">1. Apartment Building - 5 or more units [MI36]</td> <td style="width:15%; text-align: center;">_____ Qty</td> <td style="width:15%; text-align: center;">\$ _____</td> </tr> <tr> <td>2. Multi-Unit Residential [MI37](duplex/triplex/quadruplex, stacked house)</td> <td style="text-align: center;">_____ Qty</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>3. Single Family Dwelling [MI34]</td> <td style="text-align: center;">_____ Qty</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>4. Mobile Home [MI35]</td> <td style="text-align: center;">_____ Qty</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>5. Other [MI38] (Rooming house, nursing home, office, hospital, hotel, factory, farm, etc.)</td> <td style="text-align: center;">_____ Qty</td> <td style="text-align: center;">\$ _____</td> </tr> </table>	1. Apartment Building - 5 or more units [MI36]	_____ Qty	\$ _____	2. Multi-Unit Residential [MI37](duplex/triplex/quadruplex, stacked house)	_____ Qty	\$ _____	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	\$ _____	If water travel is required, please note the Island name, marina name, dock number and contact name & number as applicable.
1. Apartment Building - 5 or more units [MI36]	_____ Qty	\$ _____														
2. Multi-Unit Residential [MI37](duplex/triplex/quadruplex, stacked house)	_____ Qty	\$ _____														
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5. Other [MI38] (Rooming house, nursing home, office, hospital, hotel, factory, farm, etc.)	_____ Qty	\$ _____														
Describe the facility _____ *Amperage of the service to be re-energized _____ Amps																

Reason Service was Disconnected by the Utility - Please check	
1. Non-Occupancy _____ 2. Non-Payment _____ 3. Meter Bypass [MI39] _____ 4. Fire [MI31] _____ 9. Other Disaster (describe) _____	5. Flood [MI31] _____ 6. Explosion [MI31] _____ 7. Lightning Strike [MI31] _____ 8. Power surge [MI31] _____

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](http://www.esasafe.com).