



REQUEST FOR WATER/HYDRO REBATE

1.1 STEP ONE TO BE COMPLETED BY THE APPLICANT

**Indicates a required Field*

Account number * _____

Company name: Rideau St Lawrence Distribution

Contact Name * _____

Alternate phone number _____

Phone number* _____

Email Address* _____

1.2 SERVICE LOCATION

Civic Number* _____

Unit/Apartment _____

Street name and type* _____

City/Community* _____

Province* _____

Postal Code* _____

Is the mailing address the same as service (civic) address?

Mailing Address

Number* _____

Unit/Apartment _____

Street name and type* _____

City/Community* _____

Province* _____

Postal Code* _____

1.3 GENERAL QUESTIONS AND COMMENTS

1.4 DECLARATION

I certify that the information provided with this application is true and correct.

Signature _____ Date _____