

400 Sheldon Drive, Unit 1 Cambridge, Ontario, N1T 2H9
 Phone:
 1-877-ESA-SAFE (372-7233)

 #=
 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	I confirm	I confirm that the information provided in this form is	
ESA Account #	true, cor	nplete and accura	te.
ECRA/ESA Lic #	Name:		Signature:
Payment Method			
Charge to ESA Account Credit Care			
ESA a	ccount customer - provide the la	ast 4 digits of the card save	d on file with ESA
Call 1-877-372-7233 to discuss fees; attach the One-time / non-account customer - DO NOT submit this form to pay by credit card. To comply with Credit Card Payment security requirements,			
	ur notification with ESA by phone; pleas s form with a credit card payment.	se call 877-ESA-SAFE (372-723	3), Mon-Fri 7:00AM-4:30PM. Your inspection may be delayed
Applicant Information - full mailing address			
Name			
Address			Unit/Ste/Apt
City			Country
Postal Code Phone Email Site Information - property to be Inspected			
Nomo		Ispecieu	
Civic # Street			
Note the alternate street name if street is a #'d Regional Rd, County Rd, Hw			
		Unit/Suite	Sub Div Lot
Phase Block Building City/Town Twp/F		Onit/Odite	Bural Lot Bural Conc
Main Intersection			Water Travel Required? Yes
Work Contact (applicant's representative) - this notification will be returned if a Work Contact name & cell phone / email address are not provided			
Property Owner Information (if different than Applicant) - full mailing address			
Name			
Address			Unit/Ste/Apt
City			Country
Postal Code Phone	Email		
Structure to be Inspected - Please ind	icate type	Driving D	Directions/Comments/ Work Details
1. Apartment Building - 5 or more units [MI36]	Qty \$		s required, please note the Island name, marina
2. Multi-Unit Residential [MI37](duplex/triplex/quadruplex, stacked house)	Qty \$	name, dock nur	nber and contact name & number as applicable.
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			
*Amperage of the service to be re-energized	Amps		
Reason Service was Disconnected by the Ut	ility - Please check		
1. Non-Occupancy 5. Flood [MI31]			
2. Non-Payment 6. Explosion [MI31]			
3. Meter Bypass [MI39] 7. Lightning Strike [MI3]		
4. Fire [MI31] 8. Power surge [MI31]			
9. Other Disaster (describe)	-	11.7 0.1 1. 10.2	P P 11 1
By submitting personal information to the Electrical Safety Authority, or its agents and service providers, you agree that I with the Province of Ontario. If you provide us with the personal information on behalf of another individual, you represer information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasaf	that you have all necessary authority and/or ha		
*See 2025 Wiring Fee Guide for details	Form 14	36A (04/25)	Fees may change pending a site visit.