

 1-877-372-7233
 Fax  1-800-667-4278
 esa.Cambridge@electricalsafety.on.ca

Request for Inspection

Applicant Information	ESA Account #	ECRA/ESA Licence #	ACP #
Name:		Telephone:	
Street:		Fax:	
City/Twp:	Postal Code:	Cell:	
Contact:	E-mail:		

Date Request Submitted	Submitted by:		
Notification Number	Type of Inspection	Date Ready	Property Address

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