



MOVE OF SERVICE FORM

DATE: _____

SUBSCRIBER: _____

ACCOUNT NO.: _____

ID/PASSPORT #: _____

PIN NO.: _____

MOVING FROM: _____

TELEPHONE NO: _____ (H) _____ (W)

DATE OF MOVE: _____

(PLEASE NOTE: MINIMUM OF TWO (2) WEEKS NOTICE REQUIRED)

IS SERVICE TO BE DISCONNECTED ON DATE OF MOVE? YES NO

IF NO, STATE DATE FOR DISCONNECTION _____

MOVING TO: _____

DIRECTIONS: _____

TELEPHONE NO: _____ CONTACT PERSON: _____

P.T.O.

EQUIPMENT MOVED & REINSTALLED BY CUSTOMER BUT NOT WORKING \$ 118.00
 Reinstallation of Add box (es); per box cost _____ x \$89.00 \$ _____
 Reinstallation of Hook Up(s); per hook up cost _____ x \$89.00 \$ _____

EQUIPMENT MOVED BY CUSTOMER - TO BE REINSTALLED *1 PART MOVE* \$ 118.00
 Reinstallation of Add box (es); per box cost _____ x \$89.00 \$ _____
 Reinstallation of Hook Up(s); per hook up cost _____ x \$89.00 \$ _____

EQUIPMENT MOVED AND REINSTALLED BY MCTV *2 PART MOVE* \$ 118.00
 Reinstallation of Add box (es); per box cost _____ x \$89.00 \$ _____
 Reinstallation of Hook Up(s); per hook up cost _____ x \$89.00 \$ _____

TOTAL MOVE COST \$ _____

COMMENTS: _____

IS PROPERTY RENTED/LEASED YES NO

IF YES, PLEASE CONFIRM PERMISSION GRANTED BELOW:

I HAVE/HAVE NOT RECEIVED WRITTEN PERMISSION FROM THE LANDLORD/PROPERTY OWNER TO INSTALL THE MCTV SERVICE AT THE ABOVE PROPERTY. I WILL FURNISH CBC WITH A COPY OF THE AGREEMENT PRIOR TO INSTALLATION.

 SUBSCRIBER'S NAME (PRINT)

 SUBSCRIBER'S SIGNATURE

 MCTV REPRESENTATIVE