

Debt Retirement Charge & GST/HST Exemption Form

Mail To: Hydro One Networks Inc.
P.O. Box 5700
Markham, ON
L3R 1C8

Fax: 1-888-625-4401
Attention: Customer Communications Centre

This form should only be completed by customers who are claiming Debt Retirement Charge (DRC) or GST/HST exemption. Completed forms should be returned to Hydro One. All fields must be completed. For assistance, please call us at 1-888-664-9376. Our office hours are Monday to Friday, from 7:30 a.m. to 8 p.m.

Hydro One Networks Account Number (10 Digits)

Name of Account Holder

Account Address

If you are a Status Indian or Indian Band, please fill out your exemption information below:

Certificate of Indian Status Card No. – 10 Digits

Band No. – 3 Digits

Debt Retirement Charge (DRC) Exemption – I claim exemption from the DRC under the provisions of the *Electricity Act, 1998* under the following category:

Please check the appropriate box:

- Status Indian that is using electricity on a reserve
- Indian owned sole proprietorship or partnership that is using electricity on a reserve
- Indian Band Office/Band empowered schools, hospitals or Social Service entities that are using electricity on a reserve
- Foreign state or international organization/diplomats that are exempt from tax under the *Retail Sales Tax Act*

GST/HST Exemption – I claim exemption from GST/HST under the following category:

Please check the appropriate box:

- Status Indian that is using electricity on a reserve
- Indian owned sole proprietorship or partnership that is using electricity on a reserve
- Indian Band Office/Band empowered schools, hospitals or Social Service entities that are using electricity on a reserve
- Incorporated Band empowered entities for band management activities that are using electricity on a reserve
(Please note: This category is only eligible for GST/HST Exemption.)

Name of Authorized Person: _____

Certification: To the best of my knowledge the information contained in this form is accurate and complete.

Signature of Authorized Person: _____

Date: _____



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