

SCHEDULE F

Contacts For Notice (Section 12.1)

Dx Connected

Telephone Contacts

Either Party has the right to change the position designations and telephone numbers listed below with immediate effect at any time by written notice. Any employee of a Party with apparent authority may deliver such a notice to the other Party.

F.1 Day-to-Day Operation

For the Operation of HYDRO ONE NETWORKS INC. (Distributor) Distribution Network and (Customer) connection of the Facility referred to by the Distributor as (Operating Designation).

DISTRIBUTOR

CUSTOMER

Operating Contacts (Real Time)

(Must be available 24 hours a day.)

Position:	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>	<input type="text"/>
Address Line 1:	<input type="text"/>	<input type="text"/>
Address Line 2:	<input type="text"/>	<input type="text"/>
City:	<input type="text"/>	<input type="text"/>
Province/Postal:	<input type="text"/>	<input type="text"/>
Phone Number:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Fax Number:	<input type="text"/>	<input type="text"/>
E-Mail Address:	<input type="text"/>	<input type="text"/>

***Emergency Number:**

Same As
Above

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Teleprotection Contact

(Must be responsible for end-to-end telecom path. **Must be available 24 hours a day.**)

	N/A	Same As Operating Contact
Position:		
Name:		
Address Line 1:		
Address Line 2:		
City:		
Province/Postal:		
Phone Number:		
Fax Number:		
E-Mail Address:		

SCADA Telemetry Contact

(Must be responsible for end-to-end telecom path. **Must be available 24 hours a day.**)

	N/A	Same As Operating Contact
Position:		
Name:		
Address Line 1:		
Address Line 2:		
City:		
Province/Postal:		
Phone Number:		
Fax Number:		
E-Mail Address:		

DISTRIBUTOR

CUSTOMER

Outage Planning (Pre-Event)

Position:	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>	<input type="text"/>
Address Line 1:	<input type="text"/>	<input type="text"/>
Address Line 2:	<input type="text"/>	<input type="text"/>
City:	<input type="text"/>	<input type="text"/>
Province/Postal:	<input type="text"/>	<input type="text"/>
Phone Number:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Fax Number:	<input type="text"/>	<input type="text"/>
E-Mail Address:	<input type="text"/>	<input type="text"/>

Operating Support (Post Event)

Position:	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>	<input type="text"/>
Address Line 1:	<input type="text"/>	<input type="text"/>
Address Line 2:	<input type="text"/>	<input type="text"/>
City:	<input type="text"/>	<input type="text"/>
Province/Postal:	<input type="text"/>	<input type="text"/>
Phone Number:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Fax Number:	<input type="text"/>	<input type="text"/>
E-Mail Address:	<input type="text"/>	<input type="text"/>

Contract Administration for Operating Service

Position:	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>	<input type="text"/>
Address Line 1:	<input type="text"/>	<input type="text"/>
Address Line 2:	<input type="text"/>	<input type="text"/>
City:	<input type="text"/>	<input type="text"/>
Province/Postal:	<input type="text"/>	<input type="text"/>
Phone Number:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Fax Number:	<input type="text"/>	<input type="text"/>
E-Mail Address:	<input type="text"/>	<input type="text"/>

***Notes:**

The Distributor has installed an emergency phone line that will be answered on a priority basis. The number is provided for your use exclusively, as per the following criteria:

- 1) To reach an operator when public/employee safety is at risk (i.e. down power line but still energized, public inside transformer station fence, public climbing towers, power lines on vehicles with people trapped inside, public contact with live conductor).
- 2) To reach an operator when a serious environmental impact is possible.
- 3) Reason Codes (For OGCC): Outage Planning (i.e. planning maintenance outages) - 2# Operating Planning. Real-time events, work protection/hold offs, Teleprotection, SCADA Telemetry - 5# Distribution Operations. Planning Code - 4# Operating Planning.

F.2 Billing Contact Information

Position:	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>	<input type="text"/>
Address Line 1:	<input type="text"/>	<input type="text"/>
Address Line 2:	<input type="text"/>	<input type="text"/>
City:	<input type="text"/>	<input type="text"/>
Province/Postal:	<input type="text"/>	<input type="text"/>
Phone Number:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Fax Number:	<input type="text"/>	<input type="text"/>
E-Mail Address:	<input type="text"/>	<input type="text"/>

F.3 Legal Notices

Position:	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>	<input type="text"/>
Address Line 1:	<input type="text"/>	<input type="text"/>
Address Line 2:	<input type="text"/>	<input type="text"/>
City:	<input type="text"/>	<input type="text"/>
Province/Postal:	<input type="text"/>	<input type="text"/>
Phone Number:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Fax Number:	<input type="text"/>	<input type="text"/>
E-Mail Address:	<input type="text"/>	<input type="text"/>

SCHEDULE F SIGNATURE SECTION

Signature of Person with
Legal Authority to Bind the
Facility Owner:

I/We have authority to bind the Corporation.

Full Name of Person with
Legal Authority to Bind the
Facility Owner:

As listen on your Master Business License, Articles of Incorporation, or Limited Partnerships Registration.

Position / Role:

Officer (Insert Title):

Other (Insert Title):

Individual / Sole Proprietor

Date:

SCHEDULE F SIGNATURE SECTION (FOR LIMITED PARTNERSHIPS ONLY)

Signature of Person with
Legal Authority to Bind the
Facility Owner:

I/We have the authority to bind the Limited Partnership's General Partner.
The General Partner has the authority to bind the Limited Partnership.

Full Name of Person with
Legal Authority to Bind
the Facility Owner:

As listen on your Master Business License, Articles of Incorporation, or Limited Partnerships Registration.

Position / Role / Title:

Date:

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