

## General Application Information

- This application is to be used for changes to a Facility’s Schedule F of its Distribution Connection Agreement (DCA) post connection.
- Questions can be directed to:
  - The Hydro One Networks Inc. Key Account Management Group at [DistributionConnectionAgreement@HydroOne.com](mailto:DistributionConnectionAgreement@HydroOne.com) or by telephone at 1.800.419.5208 x.6167; or
  - Your Hydro One Account Executive.
- Important: Failure to provide the correct information and required attachments will result in a delay in this form being processed.

## Application Submission Instructions

Please return all documents, and signed and scanned forms, by email to: [DistributionConnectionAgreement@HydroOne.com](mailto:DistributionConnectionAgreement@HydroOne.com) or by mail to:

*Hydro One Networks Inc.  
 Attn: Key Accounts Management Team, R32-E2  
 185 Clegg Road  
 Markham, Ontario L6G 1B7*

## Section A – General Information

<b>Date (mm/dd/yyyy):</b>		<b>Hydro One Project ID (or “HONI ID”):</b>			
<b>Project Name:</b>					
<b>Full Legal Name of Facility Owner (the Customer):</b> <i>As listed on your Master Business License, Articles of Incorporation or Limited Partnerships Registration</i>					
<b>Project Address:</b>	<b>Street:</b>				
	<b>City:</b>	<b>Province:</b>		<b>Postal Code:</b>	

## Section B – New Project Contact Information for Schedule F (CUSTOMER INFORMATION ONLY)

<b>Operating Contacts (Real Time)</b>		<input type="checkbox"/> Change to below <b>OR</b> <input type="checkbox"/> Keep the same contact info as per the current DCA			
<b>Emergency Number:</b>					
<b>Position:</b>					
<b>Name:</b>					
<b>Address:</b>	<b>Street:</b>				
	<b>City:</b>	<b>Province:</b>		<b>Postal Code:</b>	
<b>Work Number:</b>		<b>Cell Number:</b>		<b>Fax Number:</b>	
<b>Email Address:</b>					

<b>Teleprotection Contact (OGCC Controlled Only)</b>		<input type="checkbox"/> Change to below <b>OR</b> <input type="checkbox"/> Keep the same contact info as per the current DCA					
<b>Position:</b>							
<b>Name:</b>							
<b>Address:</b>	<b>Street:</b>					<b>Postal Code:</b>	
	<b>City:</b>			<b>Province:</b>			
<b>Work Number:</b>				<b>Cell Number:</b>			<b>Fax Number:</b>
<b>Email Address:</b>							

<b>SCADA Telemetry Contact (OGCC Controlled Only)</b>		<input type="checkbox"/> Change to below <b>OR</b> <input type="checkbox"/> Keep the same contact info as per the current DCA					
<b>Position:</b>							
<b>Name:</b>							
<b>Address:</b>	<b>Street:</b>					<b>Postal Code:</b>	
	<b>City:</b>			<b>Province:</b>			
<b>Work Number:</b>				<b>Cell Number:</b>			<b>Fax Number:</b>
<b>Email Address:</b>							

<b>Outage Planning Contact (Pre-event)</b>		<input type="checkbox"/> Change to below <b>OR</b> <input type="checkbox"/> Keep the same contact info as per the current DCA					
<b>Position:</b>							
<b>Name:</b>							
<b>Address:</b>	<b>Street:</b>					<b>Postal Code:</b>	
	<b>City:</b>			<b>Province:</b>			
<b>Work Number:</b>				<b>Cell Number:</b>			<b>Fax Number:</b>
<b>Email Address:</b>							

<b>Operating Support Contact (Post-event)</b>		<input type="checkbox"/> Change to below <b>OR</b> <input type="checkbox"/> Keep the same contact info as per the current DCA					
<b>Position:</b>							
<b>Name:</b>							
<b>Address:</b>	<b>Street:</b>					<b>Postal Code:</b>	
	<b>City:</b>			<b>Province:</b>			
<b>Work Number:</b>				<b>Cell Number:</b>			<b>Fax Number:</b>
<b>Email Address:</b>							

<b>Contract Administration for Operating Service Contact</b>		<input type="checkbox"/> Change to below <b>OR</b> <input type="checkbox"/> Keep the same contact info as per the current DCA					
<b>Position:</b>							
<b>Name:</b>							
<b>Address:</b>	<b>Street:</b>						
	<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>		
<b>Work Number:</b>		<b>Cell Number:</b>		<b>Fax Number:</b>			
<b>Email Address:</b>							
<b>Billing Contact</b>		<input type="checkbox"/> Change to below <b>OR</b> <input type="checkbox"/> Keep the same contact info as per the current DCA					
<b>Position:</b>							
<b>Name:</b>							
<b>Address:</b>	<b>Street:</b>						
	<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>		
<b>Work Number:</b>		<b>Cell Number:</b>		<b>Fax Number:</b>			
<b>Email Address:</b>							
<b>Formal Notices Contact (Legal Notices sent to an Officer of the Customer)</b>		<input type="checkbox"/> Change to below <b>OR</b> <input type="checkbox"/> Keep the same contact info as per the current DCA					
<b>Position:</b>							
<b>Name:</b>							
<b>Address:</b>	<b>Street:</b>						
	<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>		
<b>Work Number:</b>		<b>Cell Number:</b>		<b>Fax Number:</b>			
<b>Email Address:</b>							

## Section C – Signature

By signing below, I hereby declare that I have the authority to legally bind the owner of the Facility identified in Section A of this Form. In addition, by submitting this I am confirming to Hydro One that the information contained in this application is correct. I understand that if Hydro One Networks Inc. finds errors, then the processing of this form will be delayed.

Full Name of Person Authorized to Legally Bind the Facility Owner: \_\_\_\_\_  
*As listed on your Master Business License, Articles of Incorporation or Limited Partnerships Registration*

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Á  
Position/Role:

Officer (Insert Title): \_\_\_\_\_

Other (Insert Title): \_\_\_\_\_

Individual / Sole Proprietor

Á  
Á  
Date: \_\_\_\_\_



## Schedule F Information Change Form

Hydro One Networks Inc. | Key Account Management Group  
DistributionConnectionAgreement@HydroOne.com

