

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 GeneratorContracts@HydroOne.com.
 - 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: GeneratorContracts@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

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

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

Operating Contacts (Real Time)

Emergency Number:					
Position:					
Name:					
Address:	Street:				
	City:	Province:	Postal Code:		
Work Number:		Cell Number:	Fax Number:		
Email Address:					

Teleprotection Contact (OGCC Controlled Only, Required for Projects with Transfer Trip)						GLA YUgCdYfUjB[
Position:							
Name:							
Address:	Street:						
	City:				Province:		Postal Code:
Work Number:				Cell Number:		Fax Number:	
Email Address:							

SCADA Telemetry Contact (OGCC Controlled Only) F Ye i j f Y X Z f D f c Y W g 2 & \$ _ K						GLA YUgCdYfUjB[
Position:							
Name:							
Address:	Street:						
	City:				Province:		Postal Code:
Work Number:				Cell Number:		Fax Number:	
Email Address:							

Outage Planning Contact (Pre-event)						GLA YUgCdYfUjB[
Position:							
Name:							
Address:	Street:						
	City:				Province:		Postal Code:
Work Number:				Cell Number:		Fax Number:	
Email Address:							

Operating Support Contact (Post-event)						GLA YUgCdYfUjB[
Position:							
Name:							
Address:	Street:						
	City:				Province:		Postal Code:
Work Number:				Cell Number:		Fax Number:	
Email Address:							



Contract Administration for Operating Service Contact						GLa Y'Ug'CdYfUj]b[
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Position:							
Name:							
Address:	Street:						
	City:		Province:		Postal Code:		
Work Number:		Cell Number:		Fax Number:			
Email Address:							

Billing Contact						GLa Y'Ug'CdYfUj]b[
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Position:							
Name:							
Address:	Street:						
	City:		Province:		Postal Code:		
Work Number:		Cell Number:		Fax Number:			
Email Address:							

Formal Notices Contact (Legal Notices sent to an Officer of the Customer)					
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Position:							
Name:							
Address:	Street:						
	City:		Province:		Postal Code:		
Work Number:		Cell Number:		Fax Number:			
Email Address:							

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

Position/Role:

Officer (Insert Title): _____

Other (Insert Title): _____

Individual / Sole Proprietor

Signature of Legally Binding Authority: _____ Date: _____
I/we have the authority to legally bind the Corporation

For Limited Partnerships ONLY:

Signature of Legally Binding Authority: _____ Date: _____
*I/we have the authority to legally bind the Corporation
The Corporation has the authority to bind the Limited Partnership.*