

# CORRECTION REQUEST FORM

Under the *Personal Information Protection and Electronic Documents Act (PIPEDA)*, Hydro One must respond to requests to correct Personal Information, and amend the Personal Information if successfully shown to be inaccurate or incomplete.

The purpose of this Correction Request Form is for you to make a request to Hydro One to make amendments to your Personal Information if you believe there are errors or omissions ("Correction Request"). If you are a Hydro One distribution customer wishing to provide new or updated Personal Information or correct any mistakes with your existing Personal Information, please do not submit this Correction Request Form – instead please contact Hydro One at 1-888-664-9376 in order for Hydro One to promptly update your Personal Information.

You will not be expected to provide additional Personal Information beyond what is asked for in this Form. Proof of identity will be required before Hydro One can respond to your Correction Request and Hydro One will contact you at a later date to request proof of identity. If you have any questions or wish to contact Hydro One for more information, please refer to Hydro One's Privacy Code, or contact the Privacy Office at [PrivacyOffice@HydroOne.com](mailto:PrivacyOffice@HydroOne.com) or 647-624-1523.

## *Requester Information (Complete all information)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Request Date \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

## **CORRECTION REQUEST**

*Complete the fields shown on pages 1 to 3. \*Indicates required fields.*

### **DISABILITY ACCOMMODATION (Please only use if you are requesting accommodation):**

Hydro One is committed to ensuring that individuals with disabilities have equal access to, and can benefit from, all of its public-facing services. If you are requesting accommodation for a disability in our correction to Personal Information process, your request should be made in writing below, unless you are unable to do so.

- When requesting accommodation for a disability in writing, please describe the nature of the accommodation requested and the rationale for the request in the space provided below.
- If providing the information in writing would limit your ability to make such a request, please contact the Privacy Office at [PrivacyOffice@HydroOne.com](mailto:PrivacyOffice@HydroOne.com) or 647-624-1523. A Privacy Office Representative will assist you in making your request directly or refer you to the appropriate person.

Only use this space if you are requesting accommodation. Otherwise, please leave this space blank.

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**CORRECTION REQUEST: I wish to make the following corrections\***Identification of the Personal Information concerned\*:  

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Correction requested\*:  

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NOTE: if the space is inadequate please continue on the back of this form.

**PREVIOUS INQUIRY**

Is this Correction Request related to a previous inquiry?

 Yes  NoIf available, please include the reference number from the previous inquiry here:  

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Please quote this reference number on all correspondence.

**ACKNOWLEDGMENTS**

In making this Correction Request, I agree to provide:

1. Proof of my identity; and
2. Further information and supporting documents as may reasonably be required to process the Correction Request for correction to my Personal Information, e.g., documentary proof to demonstrate the inaccuracy or incompleteness of the information.

I also acknowledge and agree that Hydro One may be legally obliged or allowed to refuse to correct certain Personal Information.

**ADDITIONAL INFORMATION**

A Hydro One Privacy Office Representative will contact you by phone or email to confirm your identity and/or right to correct the Personal Information.

- If we are able to correct your Personal Information, Hydro One will attempt to do so within 30 days of receipt of your completed Correction Request Form. If we need more time to locate or gather your information, we will contact you.
- If we are unable to correct your Personal Information, we will provide you with a reason within 30 days of your request.

Except with the consent of the Requester, the Personal Information provided in this Form will only be used for the purpose of processing this Correction Request and will be retained until it is no longer necessary for legal or business purposes.

**SIGNATURE**

Date \_\_\_\_\_

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Correction Request managed by \_\_\_\_\_ Date \_\_\_\_\_

Requester identity verified by \_\_\_\_\_ Date \_\_\_\_\_

Correction Request received by \_\_\_\_\_ Date \_\_\_\_\_

Filed by \_\_\_\_\_ Date \_\_\_\_\_

REMARKS \_\_\_\_\_

Correction Request accepted/declined by \_\_\_\_\_ Date \_\_\_\_\_

Reason \_\_\_\_\_ Date \_\_\_\_\_

Written acceptance/refusal issued by \_\_\_\_\_ Date \_\_\_\_\_

Filed by \_\_\_\_\_ Date \_\_\_\_\_

REMARKS \_\_\_\_\_