

Hydro One Remote Communities Inc.

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NEW CUSTOMER FORM

Map ID:	Meter #:	meter is outdoor ☐ or indoor ☐ (If indoor, please provide contact info on flipside)
Name:		
Date of Birth:	Status # (*	10 digit):(Please also complete Tax Exemption Form)
Phone #:		Cell #:
Mailing Address:	bills mailed to?)	
Email:		
Would you like Paperl	ess Billing? Yes 🗌 🔿	You will receive your bills only through e-mail as a PDF)
IPA Account Numbe	r:	
Customer Signature	:	Date:
	PROPERTY INFORM	IATION – OFFICE USE ONLY
ID #:	H1 Meter #:	Size of Service:
Service Type (underg	round or overhead wires):	
Voltage: 120/240	120/208 34	47/600

THIS INFORMATION, INCLUDING ALL PERSONAL INFORMATION, IS COLLECTED AND WILL BE USED BY HYDRO ONE REMOTE COMMUNITIES INC. ("HYDRO ONE") FOR THE FOLLOWING PURPOSES: (A)TO ESTABLISH AND MAINTAIN RESPONSIBLE COMMERCIAL RELATIONS WITH YOU, INCLUDING ASSESSING YOUR CREDIT HISTORY WITH HYDRO ONE AND BY OBTAINING **ADDITIONAL CREDIT INFORMATION FROM CREDIT BUREAU(S)**, FROM TIME TO TIME, REGARDING NEED FOR ACCOUNT SECURITY; (B)TO UNDERSTAND YOUR NEEDS AND ELIGIBILITY FOR PRODUCTS AND SERVICES; (C)TO RECOMMEND PARTICULAR PRODUCTS AND SERVICES TO MEET YOUR NEEDS; (D)TO DEVELOP, ENHANCE, MARKET OR PROVIDE ELECTRICITY PRODUCTS AND SERVICES; (E)TO MANAGE AND DEVELOP HYDRO ONE'S BUSINESSES AND OPERATIONS; (F)TO MEET LEGAL AND REGULATORY REQUIREMENTS; AND (G)TO PROVIDE YOU WITH INFORMATION ABOUT THE ELECTRICITY MARKET AND RATES. I HEREBY CONSENT TO HYDRO ONE COLLECTING AND USING THE INFORMATINH HEREIN AS SPECIFIED HEREIN. QUESTIONS ABOUT THIS COLLECTION SHOULD BE ADDRESSED TO THE CUSTOMER CARE REPRESENTATIVE. I UNDERSTAND THAT AS A CUSTOMER OF HYDRO ONE, I AM REQUIRED TO COMPLY WITH HYDRO ONE'S CONDITIONS OF SERVICE, AS AMENDED FROM TIME TO TIME

For First Nation & Commercial Use Accounts Building Description (What is this building/What is it used for?): Is this building Government funded? YES NO Please provide a contact person for this building: Phone #: _____ Cell #:_____ E-mail: For Indoor Meters: Please provide a contact person for this location: Name: Phone #: _____ Cell #:_____ E-mail: For meters located indoors, regular monthly meter reads will done by: The person listed above will provide keys/access to the local meter reader. The person listed above will phone or email in their meter reads to our billing department ph. 1-800-465-5085 or email RemotesBilling@HydroOne.com