



## CUSTOMER ACCOMODATION REQUEST FORM

Full Name	Day Telephone Number	Evening Telephone Number
Address		Email

***Information about the service or program for which accommodating is requested***

Name of Program or Service	Date Requested From	Date required To
Location of Program or Service	Time Requested From	Time Required To
Department Name		Contact Person

Please indicate the type of assistance required (detailed information will help us provide better service to you)

  
  
  

**Date Submitted** \_\_\_\_\_ **Name of Person Submitting** \_\_\_\_\_

***Personal information contained on this form is collected pursuant to Ontario Regulation 429/07, the Accessibility Standards for Customer Service and will be used for the purpose of responding to your request. Questions should be directed to the Supervisor, Customer Service, Customer Service Department, Essex Powerlines, 2730 Highway 3, Oldcastle, ON NOR 1A0 or at 519-737-6640 ext. 496***

***For Essex Power use only***

Request #	Received by (name)	Referred to (name)	Date Referred
Comments:			