

CUSTOMER ACCOMODATION REQUEST FORM

CUSTOMER NAME: _____
 FIRST NAME MIDDLE INITIAL LAST NAME

HOME PHONE: _____ ALTERNATIVE PHONE: _____

SERVICE ADDRESS: _____
 STREET ADDRESS UNIT OR SUITE# (if applicable)

EMAIL ADDRESS: _____

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)

CUSTOMER NAME: _____
 FIRST NAME MIDDLE INITIAL LAST NAME

DATE SUBMITTED: _____
 DATE MONTH YEAR

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 N0R 1A0 or at 519-737-6640 ext. 496

For Essex Powerlines Corporation use only:

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