



Authorization for Access to Account Information

Please print and submit to: Festival Hydro Inc. PO Box 397 Stratford, ON N5A 6T5
Via email: customerservice@festivalhydro.com Via fax: (519)-271-7204

Please accept this consent request from:			
(Company Name):			
Name of Authorizing Officer		Title of Authorizing Officer	
Signature of Authorized Officer		Date	
Company Address		Unit or Suite#	
City, Town, Village		Postal Code:	
Contact Telephone:	Ext:	Fax:	Email:
To provide access to account information on the following customer portal:			
<input type="checkbox"/> Utilismart (interval meter data)			
Time-period for access to Utilismart portal?			
<input type="checkbox"/> Unlimited*	To commence dd/mm/yyyy	To finish dd/mm/yyyy	
Relating to Account # (00000-000):	Account Name:	Service Address:	
Consent of information release given to:			
Company Name:		<input type="checkbox"/> Only to be shared with:	
<input type="checkbox"/> Any/All Representatives			
Authorized Company's Address:			
Contact Telephone:	Ext:	Fax:	Email:

*Until account holder provides written notice revoking access to account information.