

Mail:

187 ERIE STREET, STRATFORD TELEPHONE: 519-271-4700 TOLL-FREE: 1-866-444-9370 FAX: 519-271-7204

www.festivalhydro.com

## **CUSTOMER CHOICE – Regulated Price Plan Election Form**

Please fill out this form if you want to change the Regulated Price Plan (RPP)structure that applies to the Electricity lines of your bill. There are three options: Time-of-Use (TOU), Ultra Low Overnight (ULO) and Tiered.

With TOU and ULO pricing, you can help manage your electricity costs by shifting your usage to lower off-peak periods when possible. The price you pay for electricity depends on when you use it. Under Tiered pricing, you can use a certain amount of electricity each month at a lower price, and one that limit is exceeded, a higher price applies.

For more information on Time-of-Use, Ultra Low Overnight, and Tiered pricing, and tools to help you decide which price structure is right for you, please visit. www.oeb.ca/choice.

## If you have any questions about this form, please contact Festival Hydro's customer service team by:

Phone: 519-271-4700, Option "2"; or toll-free at 1-866-444-9370

Email: customerservice@festivalhydro.com

You will need your electricity bill on hand to enter the following information. Please enter it exactly as it appears on your electricity bill. If your information is not entered as it appears on your electricity bill, we may not be able to process your form. Please submit your completed form to Festival Hydro via our online form, mail, email, or fax.

Email: customerservice@festivalhydro.com

Festival Hydro PO Box 397 Stratford, ON N5A 6T5	Fax:	519-271-7204	
Name on the Account		Festival Hydro Account Number	
Service Address Street			
City/Town/Municipality		Province	
Postal Code			



## Select desired price structure:

- O I am currently billed on Time-of-Use pricing, and I would like to be switched to Tiered pricing.
- O I am currently billed on Time-of-Use pricing, and I would like to be switched to Ultra Low Overnight pricing.
- O I am currently billed on Tiered pricing, and I would like to be switched to Time-of-Use pricing.
- O I am currently billed on Tiered pricing, and I would like to be switched to Ultra Low Overnight pricing.
- O I am currently billed on Ultra Low Overnight pricing, and I would like to be switched to Time-of-Use pricing.
- O I am currently billed on Ultra Low Overnight pricing, and I would like to be switched to Tiered pricing.

Name of Submitter (Must be account holder/individual authorized	by the account holder to give this Form on the account holder's bel	half
Signature of Account-Holder	Date	