



DATE: _____

OAKVILLE HYDRO ISOLATION REQUEST

CUSTOMER INFORMATION

Customer: _____
Location: _____
Contact Name: _____
Contact Tel #: _____ Contact Email: _____

OUTAGE INFORMATION

Outage Date: _____ Time: _____
Restoration Date: _____ Time: _____
Point Of Isolation Requested: (Primary Switch/Tx, Secondary Switch/Cables, Customer / Utility Owned Device)

Equipment To Be Worked On: _____

Reason For Work To Be Performed: _____

ON-SITE INFORMATION

From: _____ Primary Tel #: _____
Email: _____ Secondary Tel#: _____
PO#: _____
Foreman: _____ Foreman Cell #: _____

Are you ESA ACP (Authorized Contractor Program) approved? Yes No

If No, sign (Power Line Technician) _____ that you have stated to the contractor that Oakville Hydro will not re-connect the service until a connection authorization has been issued by ESA.

RETURN FORM

TO: Control Room Planner EMAIL: controlroom.planning@oakvillehydro.com

Notes For Customer:

- 1) Costs subjective to available resources
- 2) Oakville Hydro needs 4 weeks prior notice to requested "outage date"
- 3) 24 hours' notice required for cancellations – customer will be charged if Crew is dispatched but not required. Email notice to controlroom.planning@oakvillehydro.com

INTERNAL USE ONLY:

- Service call for package created SVC#: _____
- Customer Isolation completed
- Customer re-energized
- Work material post entered
- Service Call completed
- Dedicated Crew – Est Cost:_____.
- PO# received for Dedicated Crew costs