

## 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 line of your bill. There are two options: Time-of-Use and Tiered.

Under Time-of-Use pricing, 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 once that limit is exceeded, a higher price applies.

For more information on Time-of-Use and Tiered Pricing and tools to help you decide which price structure is right for you, please visit [www.oeb.ca/choice](http://www.oeb.ca/choice) or [enovapower.com/rates](http://enovapower.com/rates).

Once completed, please email your signed form to [customercare@enovapower.com](mailto:customercare@enovapower.com).

If you have questions about this form, please visit [enovapower.com/rates](http://enovapower.com/rates), email Enova Power Corp. at [customercare@enovapower.com](mailto:customercare@enovapower.com) or call 226-896-2200.

You will need your electricity bill on hand to enter the following information. 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.

### Account Information

Name on Account:

Account Number:

### Service Address

Street Address:

City/Municipality:

Province:

Postal Code:

Select desired price structure:

- I am currently billed on Time-of-Use and I would like to be switched to Tiered.
- I am currently billed on Tiered and I would like to be switched to Time-of-Use.<sup>1</sup>

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<sup>1</sup> If you were paying Tiered prices prior to November 1, 2020, it means that your meter can't be used to bill TOU prices and you can't switch to TOU prices at this time. Please contact us with any questions.

## How would you like to be contacted about this form?

Please select one of the following communication methods:

- Email:
- Mail:                       Same as service address

Street Address:

City/Municipality:

Province:

Postal Code:

Telephone:

Signature of Account Holder:

Date: