

Application form for Applications under Section 86 of the *Ontario Energy Board Act, 1998*



1.2 Identification of the Parties

1.2.1 Name of Applicant

Legal name of the applicant: **Port Colborne Hydro Inc.**

Name of Primary Contact:

Mr.	<input checked="" type="checkbox"/>	Mrs.	<input type="checkbox"/>	Last Name	First Name	Initial
Miss	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Hunt	Leonard	
Other	<input type="checkbox"/>			Title/Position		
				Chairman		

Address of Head Office:

c/o the City of Port Colborne 66 Charlotte Street			
City	Province/State	Country	Postal/Zip Code
Port Colborne	Ontario	Canada	L3K 3C8
Phone Number	Fax Number	E-mail Address	
(905) 835-2942	(905) 835-2969	Lenhunt99@cogeco.ca	

1.2.2 Other Party to the Transaction (if more than one attach a list)

Name of the other party: **The Corporation of the City of Port Colborne**

The Corporation of the City of Port Colborne has been listed as an "other party to the transaction" because it was a party to the original lease agreement executed in 2002 ("Lease Agreement").

Name of Primary Contact:

Mr.	<input checked="" type="checkbox"/>	Mrs.	<input type="checkbox"/>	Last Name	First Name	Initial
Miss	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Heil	Robert	
Other	<input type="checkbox"/>			Title/Position		
				Chief Administrative Officer		

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c/o the City of Port Colborne
66 Charlotte Street

City

Port Colborne

Province/State

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Country

Canada

Postal/Zip Code

L3K 3C8

Phone Number

(905) 835-2900
ext. 306

Fax Number

(905) 835-2969

E-mail Address

robertheil@city.portcolborne.on.ca

Name of the other party: **Port Colborne Energy Inc.**

Port Colborne Energy Inc. is the sole shareholder of Port Colborne Hydro Inc. Port Colborne Energy Inc. is wholly-owned by the Corporation of the City of Port Colborne.

Name of Primary Contact:

Mr.
Miss
Other

Mrs.
Ms.

Last Name

Heil

First Name

Robert

Initial

Title/Position

General Manager

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Name of the other party: **Canadian Niagara Power Inc.**

Name of Primary Contact:

Mr. <input checked="" type="checkbox"/>	Mrs. <input type="checkbox"/>	Last Name	First Name	Initial
Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>	<input type="text" value="Bradbury"/>	<input type="text" value="Douglas"/>	<input type="text" value="R"/>
Other <input type="checkbox"/>		Title/Position		
		<input type="text" value="Director Regulatory Affairs"/>		

Address of Head Office:

<input type="text" value="1130 Bertie Street
P.O. Box 1218"/>			
City	Province/State	Country	Postal/Zip Code
<input type="text" value="Fort Erie"/>	<input type="text" value="Ontario"/>	<input type="text" value="Canada"/>	<input type="text" value="L2A 5Y2"/>
Phone Number	Fax Number	E-mail Address	
<input type="text" value="(905) 871-0330"/>	<input type="text" value="(905) 871-8676"/>	<input type="text" value="Doug.bradbury@cnpower.com"/>	

Name of the other party: **FortisOntario**

FortisOntario has been listed as an "other party to the transaction" because it is the sole shareholder of Canadian Niagara Power Inc. and is a party to the Lease Agreement as guarantor of Canadian Niagara Power Inc.

Name of Primary Contact:

Mr. <input checked="" type="checkbox"/>	Mrs. <input type="checkbox"/>	Last Name	First Name	Initial
Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>	<input type="text" value="Bradbury"/>	<input type="text" value="Douglas"/>	<input type="text" value="R"/>
Other <input type="checkbox"/>		Title/Position		
		<input type="text" value="Director Regulatory Affairs"/>		

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Doug.bradbury@cnpower.com