

Case Number: *EB-2016-0066
First Name: Christine Last Name: Brown
Company Name:
Email Address: * Phone Number: *
Address: *(Street Address, City/Town, Postal Code)
<b>Comments: *</b> Please continue on back of form if necessary. In making your comment, please consider telling us what you like and do not like about the application, what you think could be improved or what you think is missing.
- ON the north Side of Talbot Rd. we are Constantly
having our electricity go out. Sometimes for hours even if there is not a Storm. It has been happening for myself for almost 20 years. Everything (breakers) are being checked by ELK. Our Equipment needs to be replaced by new up to date equipment. So when there is a storm we are not threathered with floading because we have no electricity.  Residents in town are getting older and me por one have had no increase in wages. Tapes have
also been increasing.
Fix my lights and then I may concent to the increase otherwise No. Thank you.  PRIVACY
By signing and giving this document to the Ontario Energy Board, you agree that your name and the
content of your letter will be put on the public record and the OEB website. However, your personal telephone number, home address and email address will be removed. If you are a business, all your
information will remain public.
I have read the Ontario Energy Board's privacy information and understand that my name and my comment will be made public.
Signature: Christine Byun Date: 3-2-17



Case Number: *EB-2016-0066	Last Name: QUEEN
First Name: GORD	Last Name: \(\sum_\omega \in
Company Name:	
Email Address: *	Phone Number: *
Address: * (Street Address, City/Town, Po	estal Code)
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I have read the Ontario Energy Board's comment will be made public.	s privacy information and understand that my name and my
Signature:	Date: Mark 3,2017



Case Number: "Eb		^		
First Name: WA	YNE	Last Name:	10 ACKER	
Company Name:_	PRIVATE			5
Email Address: *_		Phone Number: *		
Address: *(Street /	Address, City/Town, Postal	Code)		-
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PLEAS THE BE	E KEEP EADLINE	MY FAMIL	Y ABOVE APPROACHING	
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comment will be r	nade public.	rivacy information and ા	understand that my name a	nd my
Signature:	Barke		ARCH/2017	



Case Number: *EB-2016-0066
First Name: Bill Last Name: Caixello
Company Name:
Email Address: * Phone Number: *
Address: *_ (Street Address, City/Town, Postal Code)
<b>Comments:</b> * Please continue on back of form if necessary. In making your comment, please consider telling us what you like and do not like about the application, what you think could be improved or what you think is missing.
I am in favour of the increase to keep our utility healthy. It is evident that they have, in the past operated efficient and I want to be sure that they contito do so. I believe this rate adjustment will help them in continuing to provide a competity service
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Signature: Bull Date: B Maych 1/1)