

Customer Accommodation Request Form

ENWIN Utilities Ltd. and Windsor Utilities Commission are committed to providing high quality customer service. We value all of our customers and strive to meet everyone's needs. We welcome your comments to help us monitor and improve our services.

Full Name	
Day Telephone Number	Evening Telephone Number
Address	
Email	

Information about the service or program for which accommodating is requested:

Name of Program or Ser	vice	Date Requested FROM	Date Requested TO
Location of Program or S	Service	Time Requested FROM	Time Requested TO
Department Name		Contact Person	
Please indicate the type of assistance required (detailed information will help us provide better service to you)			
Date Submitted	Name of F	Person Submitting Reques	t (if different than above)

Please submit the form in one of the following ways:

Mail or Deliver to:	Fax to:	Email to:
Customer Service Department	519-255-7423	info@enwin.com
4545 Rhodes Dr.		
P.O. Box 1625, Station A		
Windsor, ON N8W 5T1		

For ENWIN Utilities Ltd. and Windsor Utilities Commission use only:

Request #	Referred by (name)
Received to (name)	Date Referred
Comments:	

Personal information contained on this form is collected pursuant to Ontario Regulation 429/07, the Accessibility Standards for Customer Service and will be used for the purpose of responding to your request. Questions should be directed to the Customer Service Department, 4545 Rhodes Dr., P.O. Box 1625, Station A, Windsor, ON N8W 5T1 or at privacy@enwin.com.