

contact information (optional):

Customer Feedback Form

This form is a requirement under the Accessibility for Ontarians with Disabilities Act 2005 and is part of the feedback process on how Enbridge provides service to people with disabilities. Please complete and return this form so we can improve accessibility to our services.

| Date & time of contact: Reason for contact: | | | | |
|--|--------------------------------|---------------------|-----------------|-----------|
| | | | | |
| Was our customer | service provided to you in ar | n accessible ma | nner? | |
| Yes | Somewhat | No (please explain) | | |
| lf no please explair | ו: | | | |
| Were you able to a | ccess our goods and service | s? | | |
| Yes | Somewhat | No (plea | ase explain) | |
| If any you experien | nced any issues, please expla | in: | | |
| Please add any oth | er comments you may have: | | | |
| If you would like us | s to follow up with you regard | ling your feedb | ack, please pro | vide your |

Please submit this completed form to Customer Care Ombudsman office, Enbridge Gas Distribution P.O. Box 650 Scarborough, ON M1K 5E3 or email <u>ombudsman@enbridge.com</u>.

Personal information contained on this form is collected pursuant to Ontario Regulation 429/07, the Accessibility Standards for Customer Service