**SUBMIT BY EMAIL (PDF WITH SIGNATURE) TO CONTRACT MANAGEMENT:**

FIT.Contract@ieso.ca

Capitalized terms not defined herein have the meaning ascribed thereto in the FIT Contract, and for the purposes of FIT Contract versions 3.1, 4.0.2, and 5.0.2, “IESO” refers to the Sponsor.

|  |  |
| --- | --- |
| Date | <insert date> |
| Legal Name of Supplier | <insert legal name of Supplier> |
| FIT Contract Identification # | <insert FIT Contract ID #> |
| Contract Date | <insert Contract Date> |
| FIT Contract Version | [ ]  Version 1.3 [ ]  Version 1.5 [ ]  Version 2.1.1 [ ]  Version 3.0.1 [ ]  Version 3.1 [ ]  Version 4.0.2 [ ]  Version 5.0.2 |

Pursuant to section 2.1(c) of the FIT Contract, the Supplier is electing to reduce the Contract Capacity of the Contract Facility (for FIT Contract versions 1.3 and 1.5) or Facility (for all other FIT Contract versions), as applicable, by giving notice of the change to the IESO, provided that it meets the requirements for such change as set out in section 2.1(c). By submitting this form, the Supplier represents and warrants that the requested reduction in Contract Capacity meets the requirements set out in section 2.1(c) of the FIT Contract.

|  |  |
| --- | --- |
| **Current Contract Capacity** | **Replacement Reduced Contract Capacity** |
| <insert current Contract Capacity as it appears on the FIT Contract Cover Page> | <insert reduced replacement Contract Capacity as requested pursuant to section 2.1(c) of the FIT Contract> |

The Supplier represents and warrants that all of the information in this Prescribed Form – Contract Capacity Reduction is complete, true and accurate, and there is no material information omitted from this Prescribed Form – Contract Capacity Reduction that makes the information contained herein misleading or inaccurate.

The Supplier acknowledges and agrees that this Notice is being delivered to the IESO solely for the purposes of the FIT Contract. It does not constitute a notice for any other purpose, including, without limitation, to meet an obligation to provide notice to the System Operator pursuant to the IESO Market Rules.

|  |
| --- |
| Supplier: <insert legal name of Supplier> |
| Signature: |
| Name:       |
| Title:       |
| I have the authority to bind the Supplier. |
| Dated this       day of       , 20   |