



Town of Clayton
Load Management Application

I choose to OPT OUT of the Load Management Program
Signature: _____
Account Number: _____

Customer Name: _____
Service Address: _____
Mailing Address: _____
Phone: _____ E-Mail: _____

Owner Agreement:

I request that Load Management controls be installed on my home for the purpose of controlling the following ELECTRIC appliances:

_____ Water Heater _____ Heat Pump / Heat Strips
_____ AC Compressor (25% Program = 15min/hr) _____ AC Compressor (50% Program = 30 min/hr)

Please note: GAS appliances are not eligible for the Load Management Program

Through participation in the program, I will receive related credits on my monthly utility bill:

Electric Water Heater: \$5.00/month (January thru December)
Heat Pump/Heat Strips: \$12.00/month (December thru March)
AC Compressor – 25%: \$6.00/month (June thru September)
AC Compressor – 50%: \$10.00/month (June thru September)

I agree for the Load Management Switch to remain connected for a minimum of one year from date of installation. If controls are disconnected or removed prior to the one-year period, customer will forfeit credits and the Town will require customer to refund credits earned.

Signature: _____ Date: _____
TOC Witness: _____ Date: _____

Landlord/Tenant Agreement:

I give the Town of Clayton permission to install Load Management equipment on my property for the purpose of controlling the operation of my electric devices during peak hours.

Landlord Name: _____
Mailing Address: _____
Phone: _____ E-Mail: _____

Landlord Signature: _____ Date: _____

Witness Signature: _____ Date: _____