

Demand Load Management Authorization Form

Account #	Lease Name	Yes	No	Comments
		X		

This Authorization represents the above-specified account in allowing Alfalfa Electric Cooperative to record my usage in 60-minute intervals. I am also aware that I will be limiting and/or a reducing my usage of electric energy at the above referenced location between the hours of 4:00 p.m. and 6:00 p.m. Central Daylight Savings time on any day excluding holidays from June 20 through September 9. With Load Profile metering, I the consumer, fully understand that it is my responsibility to maintain and control my equipment and its operating time frame; otherwise, it will have a major effect on my bill.

Note: There will be an annual fee of \$40 applied to my January bill. This required fee enables AEC to process the meter reads at each account during the summer time frame.

Please fill in the appropriate column provided above with your **initials**, informing AEC of your intentions.

This authorization shall be continuous in term, unless terminated by either party upon receiving a written notice of cancellation. Please submit this authorization form to AEC's Engineering Department.

Dated this _____ day of _____ 20_____.

Consumer: _____

By: _____

Title: _____

Cell phone to receive peak day text: _____

Email: _____