



# Town of Clayton Utility Service Application

Name of Customer: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Number of occupants \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date service to be activated: \_\_\_\_\_

Have you or any other occupant at this address ever had a utility account with the Town?

Yes, please state address: \_\_\_\_\_

No, please initial: \_\_\_\_\_

I certify that I am eighteen years of age or older, that the above information is accurate, and that I will be responsible for payment of the entire bill upon termination of service. Additionally, if the Town determines that I or any other occupant at this address owes past due balances to the Town, I will be responsible for payment of those balances and any associated fees. I have had an opportunity to review a copy of the Town's cut-off policy and am subject to the Town's Utility Policy as currently in effect. The account is subject to immediate disconnection without notice if the deposit and connect fee is returned for insufficient funds or if the Town discovers delinquent past due balances from prior accounts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires



**TOWN OF CLAYTON  
LOAD MANAGEMENT APPLICATION**

Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Service Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

\_\_\_\_\_ Electric Water Heater    \_\_\_\_\_ Heat Pump/Heat Strips  
\_\_\_\_\_ A/C Compressor (25% Program)    \_\_\_\_\_ A/C Compressor (50% Program)

Through participation, I will receive related credits on my monthly electric bill as follows:

Electric Water Heater: **\$5.00 month** (January thru December: 12 months)  
Heat Pump/Heat Strips: **\$12.00 / month** (December thru March: 4 months)  
A/C Compressor (25% Program): **\$6.00 / month** (June thru September: 4 months)  
A/C Compressor (50% Program): **\$10.00 / month** (June thru September: 4 months)

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: **Exception: If customer moves to another location either in the Town or outside, no refund will be assessed.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

To be signed in the presence of Town employee.

**Witness** \_\_\_\_\_

**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 water heater and/or my HVAC equipment during peak use hours.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

To be signed in presence of Town Employee.

**Witness** \_\_\_\_\_ **Referred by** \_\_\_\_\_

**I choose not to save money on my electric bill by declining the Load Management Program at this time \_\_\_\_\_ Date \_\_\_\_\_**