

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

TOWN OF CLAYTON

Utilities & Billing
111 E. Second St., P.O. Box 879
Clayton, NC 27528
Phone: 919-553-5002
Fax: 919-553-0719
utilities@TownofClaytonNC.org

LOAD MANAGEMENT APPLICATION

Customer Name:	
Service Address:	
Phone:	E-Mail:
Owner Agreement: I request that Load Management ELECTRIC appliances:	controls be installed on my home for the purpose of controlling the follow
Water HeaterAC Compressor (25% P	Heat Pump / Heat Strips ogram = 15min/hr)
Please note: GAS appliances a	re not eligible for the Load Management Program
Electric Water Heater: \$5.9 Heat Pump/Heat Strips: \$12 AC Compressor – 25%: \$6.9 AC Compressor – 25%: \$6.9 Strips: \$12 AC Compressor – 25%: \$12	gram, I will receive related credits on my monthly utility bill: 0/month (January thru December) 00/month (December thru March) 0/month (June thru September) t Switch to remain connected for a minimum of one year from date of ever an issue with the AC, HS or WH the load box can be disconnected by 919-553-1530. If controls are disconnected or removed prior to the orfeit credits and the Town will require customer to refund credits haves to another location either in the Town or outside, no refund will be
Signature:	Date:
TOC Witness:	Date:
purpose of controlling the opera Out of the program. Landlord Name:	ission to install Load Management equipment on my property for the ion of my electric devices during peak hours OR tenant the option to Op
	E.M. '1
Phone:	E-Mail:
Landlord Signature:	Date:
Witness Signature:	Date: