

## **Optional Rate Authorization**

<b>Fax</b> signed form to: 858-654-8393	OR	Mail: SDG&E Rate Support 8306 Century Park, CP42I
Email: RS-RateSupport@semp	rautilities.com	•
Customer Name:		
Account Number:		
Address:		
Request for Optional Rate Ser		
	_	as & Electric (SDG&E) change the above account(s) to rate ith installed solar energy systems, as of the next meter
Agreement by Applicant:		
Applicant certifies that this a conditions associated with t	. ,	gible for and meets all the applicability and special equested.
service on an optional rate. and receive service under th option within 90 days of rec	During their initi neir otherwise ap eiving their first nge shall become	onditions of Rule 12 require a 12-month minimum term of ial term of service, DR-SES customers may elect to opt-out oplicable rate schedule. A customer must exercise this bill for DR-SES service. In the event that a customer e effective on the first regularly scheduled meter read date.
On Behalf of Applicant:		
Signature:		
Type/Print Name:		
		Phone No.