

Critical Peak Pricing Opt-Out Form

Only complete this form if you wish to **Opt-Out** of the Critical Peak Pricing - Default (CPP-D) program. To opt-out of CPP-D, please complete Sections 1 thru 3. Please only use one form per service address.

Mail or fax completed form to:

San Diego Gas & Electric Attn: Critical Peak Pricing

8335 Century Park Court, CP 12C

San Diego, CA 92123 Fax: 858-385-3923

1. Please provide the following information and related service address for the account you are opting out of CPP-D.

| Company Name: | |
|---------------------|-----------|
| Contact Name: | |
| Contact Telephone#: | |
| Contact E-mail: | |
| Service Address: | |
| City: | |
| State: | ZIP Code: |

2. <u>Opt-out Election:</u> Complete this section for each account number and electric meter related to the service address you entered in Section I. If you have more than one account and/or meter under this service address, please use the additional fields provided.

| Account Number: | |
|------------------------|--|
| Electric Meter Number: | |

| | entere | d in Section 1. | | |
|--|--|----------------------|--------------------------------|--|
| | | Account Number: | | |
| | Elec | ctric Meter Number: | | |
| | | Account Number: | | |
| | Elec | ctric Meter Number: | | |
| Account Number: Electric Meter Number: Account Number: | | | | |
| | | | | |
| | | | | |
| | Electric Meter Number: | | | |
| | a) Pursuant to the terms and conditions set forth in CPP-D, customer is not entitled benefits of Bill Protection under a rate schedule other than CPP-D. b) Absent an order from the California Public Utilities Commission (CPUC) directing oth customer shall not be eligible for Bill Protection at a later date even if they elect to service under the CPP-D rate in the future. c) Customer understands that the terms and conditions set forth in SDG&E's CPUC-ap Electric Rule 12.D require a minimum term of service of twelve (12) months under Sc EECC. | | rwise, eceive roved | |
| Sig | nature | of Customer or Autho | orized Customer Representative | |
| Ту | pe or Pi | rint Name | | |
| Tit | le | | Date of Signature | |

To be completed only if there are additional accounts and/or meters related to the service address