



## AMI Opt-Out Request Form

<b>Account #:</b>	<b>Date:</b>
<b>Name on Account:</b>	
<b>Email:</b>	
<b>Daytime Phone:</b>	<b>Evening Phone:</b>
<b>Service Address:</b>	

Thank you for being a valued member of LPEA. Please see below for information regarding the AMI Opt-Out terms and conditions.

### Terms and Conditions

I represent and warrant that I am the named, authorized person on the member account number provided above. By signing this form, I am indicating that I want to **opt-out** of LPEA's wireless metering system. By signing this form, I acknowledge that a basic kWh meter shall be installed on my account.

I understand that my account will be assessed a monthly fee in accordance to LPEA's Tariffs and Rules, Rates and Regulations.

I understand that I am only eligible for LPEA's basic rate tariff and may not be able to receive any other enhanced benefits that the wireless metering system provides, such as:

- Instant Outage Notification and Restoration Verification
- Interval data that allows for better understanding of usage patterns
- Optional Rates that could lead to cost savings or enable other technologies, including Time of Use, Net Metering, and Pre-Pay

I agree that I will maintain clear, safe and direct access to my metering location allowing manual reads during typical business hours throughout the month.

If I choose to read my own meter, I agree that I will submit readings to LPEA's office either by phone, email, Smarthub or postcards in a timely manner. Timely is considered to be within two days of the designated reading day. Timely readings are critical for accurate billing.

If I receive a disconnect notice, I understand that the past due amount will need to be paid by 8:00 a.m. of the disconnect date on the notice.

I understand the eligibility criteria listed above. I understand that not meeting the criteria listed above will result in ineligibility from the program, and an AMI meter will be installed at that time.

Thank you for your attention to and cooperation with the AMI Opt-Out program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_