

Electric Aggregation Program Opt-Out Notification



*Please complete this form
if you want to opt-out of your
community's electric
aggregation program.*

Signature:

***By signing this form, you certify
that you are the customer of record
for the address indicated***

Electric Utility Bill Information:

Name as it appears on the bill:

Customer ID:

Telephone Number:

Service Street Address:

Service City:

H O M E F I E L D
ENERGY™