



AMI Opt-Out Request Form

ACCOUNT # _____

CUSTOMER NAME _____

SERVICE ADDRESS _____

CITY _____

ZIP _____

PHONE _____

E-MAIL ADDRESS _____

DO YOU OPERATE LIFE SUPPORT OR OTHER SENSITIVE MEDICAL EQUIPMENT IN YOUR HOME?*

Yes No

ANY METER ACCESS ISSUES?*

Yes No

PLEASE INDICATE ANY IMPEDIMENTS TO ACCESSING YOUR METER, I.E. LOCKED GATE, DOG, ETC.*

Terms & Conditions

* I agree that I am a named, authorized person on the customer account number provided above. Further, I am indicating that I want to opt out of the AMI meter two-way radio communication functionality. If I move my residence and remain an opt-out customer, I will need to submit a new opt-out form providing my new address and understand that the one time initial set up charge will apply to the first bill at my new residence. By opting out, I understand that all AMI enabled services, including energy alerts and any other AMI program offerings, will no longer be available to me, and I thus agree to forfeit these services and benefits.