

**Elizabeth Headquarters** 

793 US Route 20 W P.O. Box 390 Elizabeth, IL 61028 P. 800-858-5522 F. 815-858-3731 **Savanna Office** 103 Chicago Ave. Savanna, IL 61074 P. 800-858-5522 F. 815-273-2612 **Geneseo Office** 1004 S. Chicago St. Geneseo, IL 61254 P. 800-858-5522 F. 309-944-1173

## **Electric Heat Rate Opt-in Form**

Account number:	Member Name:
Service Address:	
request that my account be enrolled in th	ne Electric Heat Rate eligible to all general service ing 75 kW or less electric demand. I certify the
<ol> <li>I have permanently installed residentia or a geothermal system.</li> </ol>	I electric heating equipment of 5,000 watts or more,
Type of Electric Heating Equip	pment:
2. Electric heat is the primary source of he	eating in the residence.
Mark all that apply: ☐ Range ☐ Built in Range and Ov ☐ Water Heater ☐ Clothes Dryer	r electrical appliances other than the electric heat.  ven
4. Fifty percent (50%) or more of the serv	rice electrical use is for residential purposes.
<ol><li>I understand the Cooperative reserves requirements are being met.</li></ol>	the right to inspect the service to determine all of the
<ol><li>I agree to promptly inform the Coopera 1 through 5 above.</li></ol>	ative if I no longer meet the requirements of Sections
the Program and may also remove a m	ole discretion, may elect not to accept a member into nember from the Program who has been accepted, quirements of the Program set forth under this or
me (Print):	Signature:
ntact Phone:	Date:
	Office use only:  Energy Profile:  Rate 27 / 120:  MSR: