



AMI OPT-OUT FORM

Member Name: _____

Service Location: _____

Mailing Address (if different from service location): _____

Phone Number: _____

Member Number: _____

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 Coast Electric's automated metering system. By signing this form, I acknowledge that an analog meter will be installed on my account.

I understand that my account will be assessed a monthly fee in accordance to Coast Electric's Tariffs and Rules, Rates and Regulations. The current monthly fee is **\$17.59**.

I understand that by opting out of the automated metering system, I may not be able to receive the enhanced benefits that the automated system provides, such as:

- Automated 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, Pre-Pay and distributed generation

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

Signature: _____

Date: _____

Received By: _____

Date Received: _____

This institution is an equal opportunity provider and employer.