I choose to **OPT OUT** of the Energy Savings Program
Signature:_____

Account Number:

**TOWN OF CLAYTON**
Utilities & Billing
111 E. Second St., P.O. Box 879
Clayton, NC 27528
Phone: 919-553-5002
Fax: 919-553-0719
utilities@TownofClaytonNC.org

# ENERGY SAVINGS PROGRAM

Customer Name: _____

Service Address: _____

Mailing Address: _____

Phone: _____ E-Mail: _____

**Owner Agreement:**
I request that Load Management controls be installed on my home for the purpose of controlling the following ELECTRIC appliances:

___ Water Heater
___ AC Compressor (25% Program = 15min/hr)
___ Heat Pump / Heat Strips

**Please note: GAS appliances are not eligible for the Load Management Program**

Through participation in the program, I will receive related credits on my monthly utility bill:

| | |
|---|---|
| Electric Water Heater: | $5.00/month (January thru December) |
| Heat Pump/Heat Strips: | $12.00/month (December thru March) |
| AC Compressor – 25%: | $6.00/month (June thru September) |

I agree for the Load Management Switch to remain connected for a minimum of one year from date of installation. If controls are disconnected or removed prior to the one-year period, customer will forfeit credits and the Town will require customer to refund credits earned: Exception: If customer moves to another location either in the Town or outside, no refund will be assessed.

Signature: _____ Date: _____

TOC Witness: _____ Date: _____

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**Landlord/Tenant Agreement:**
I give the Town of Clayton permission to install Load Management equipment on my property for the purpose of controlling the operation of my electric devices during peak hours OR tenant the option to Opt Out of the program.

Landlord Name: _____

Mailing Address: _____

Phone: _____ E-Mail: _____

Landlord Signature: _____ Date: _____

Witness Signature: _____ Date: _____

*February 2021*