

APPLICATION FOR ELECTRIC FACILITIES

The undersigned Applicant hereby requests City of Industry to deliver electric energy to and for the equipment hereinafter described, at the location shown below, in accordance with the applicable rates and rules of City of Industry.

In consideration of City of Industry's acceptance of this application, and the installation of facilities to supply temporary electric service, Applicant hereby agrees to the following:

1. City of Industry has made available for inspection its applicable rates and rules. Applicant agrees to comply therewith, and with any changes or modifications thereof which may be authorized from time to time by the City of Industry.
2. Applicant's attention has been directed to the rate schedules applicable to the service herein described, and Applicant has elected to take and pay for service under schedule _____.
3. Applicant hereby grants to City of Industry a right of way for any electric lines, which it may be necessary to build in, on, under or over Applicant's premises for the purpose of making delivery thereunder. Where Applicant requests facilities which are in addition to, or in substitution for, the standard facilities which City of Industry normally would install, the extra cost thereof shall be paid by Applicant.
4. In the event Applicant within the initial 36 months of this contract materially increases or decreases his electric service requirements from those installed hereunder and a change is made in City of Industry's facilities, settlement shall be made for the installation and removal cost of the facilities removed. A new agreement shall be entered into providing for the modified service required by Applicant.
5. This contract shall at all times be subject to such changes or modifications by the City of Industry in accordance with its rates and rules.
6. Where applicable – Contract Demand _____(kW).
7. Where applicable – Excess Transformer Capacity _____(kVa).
8. Complete – Energy Load Information agreement (Attachment A).

SOLE PROPRIETORSHIP	CORPORATION	GENERAL PARTNERSHIP	CO-PARTNER	OTHER	TYPE OF BUSINESS PROCESSING, MFG, ETC
CORPORATE OR INDIVIDUAL'S NAME					
DBA NAME					BUSINESS TELEPHONE NUMBER
PARTNERS OR CORPORATION OFFICERS					
NAME	ADDRESS	TITLE	TELEPHONE NUMBER		
NAME	ADDRESS	TITLE	TELEPHONE		
SERVICE ADDRESS					

Corporate or Individual's Name _____
 D.B.A. _____
 By _____ Title _____
 Office of Origin _____
 By _____
Manager