

## AMI OPT-OUT FORM

MEMBER NAME:	
MEMBER NUMBER:	
SERVICE LOCATION:	
MAILING ADDRESS (if different fr	om service location):
PHONE NUMBER:	
I understand that for this privilege an Electric to read and maintain this non Appendix A of Coast Electric's Ser I understand that the monthly fee m for paying the increased amount. I for through an AMI meter in the future,	(print name) prefer to have an analog meter service lieu of Coast Electric's standard electronic meter. d to defray the additional expenses incurred by Coast n-standard meter, an additional monthly fee, as listed in vice Rules and Regulations, will apply (currently \$46.00 may increase in the future and if so, I will be responsible arther understand should I decide to receiveelectric service that it is my responsibility to cancel this agreement, and icable charges related to the meter change.
MEMBER'S SIGNATURE:	DATE:
RECEIVED BY:	DATE:

EFFECTIVE DATE: February 1, 2022