

TEXAS COMMUNITY SOLAR PROGRAM

CANCELLATION FORM



Contact Information

Customer's First Name: _____ Last Name: _____
(As it appears on your electric bill)

Customer's Business Name: _____ (if applicable)
(As it appears on your electric bill)

EPE Account Number: _____

Service Address: _____ City: _____ State: _____ Zip Code: _____
(As it appears on your electric bill)

Mailing address: _____ City: _____ State: _____ Zip Code: _____
(If different from service address)

Phone Number: _____ Email Address: _____

Reason for Cancellation:

- Moving to a different state
- Buying or leasing a rooftop solar system
- Not satisfied with the program
- Other, please explain _____

I hereby request to discontinue my Community Solar subscription under the Community Solar Rate Schedule. I understand that CS service will be cancelled within 3 business days of the company's receipt of my request. I agree to be notified of CS service cancellation via e-mail or by phone provided in this form.

I understand upon cancelling my Community Solar subscription prior to completion of any 12-month enrollment period, I will not be eligible to re-enroll in the program for 12 months.

I understand that I will need to submit a new application if I wish to re-subscribe to the Community Solar program.

Signature of Subscriber: _____ Date: ____/____/____

Written cancellation forms should be submitted by mail or email to El Paso Electric Company, as follows:

Mailing Address: El Paso Electric Company, PO Box 982, El Paso, TX, 79960
Attention: Community Solar Program (Location 131)

Email Address: communitysolar@epelectric.com