TEXAS COMMUNITY SOLAR PROGRAM

CAPACITY CHANGE REQUEST FORM



Customer Information

Customer's First Name:		_Last Name: _			
(As it appears on your electr	ic bill)				
Customer's Business Name:					(if applicable)
(As it appears on your electr	ic bill)				
EPE Account Number:		_			
Service Address:	City	<i>ı</i> :	State:	Zip Cod	e:
(As it appears on your electr	ic bill)				
Mailing address:	City	:	State:	Zip Code	e:
(If different from service add	ress)				
Phone Number:	Email Address	:			
Capacity Selection:					
Current number of Kilowatts	(kW) subscribed to:				
I would like to:					
Increase my capacity	subscription OR Decrease my	capacity sub	scription		
By: number of	kW				
Total New Capacity:	kW				
is fully subscribed, I agree to be p notify me to continue the capacity	nent will change based on my new capacity requ laced on the Community Solar program waiting li- change process. I understand that I have to reply and that if I request to decrease my capacity sub-	st. When addition within seven bu	nal capacity required siness days after	uested become er being notified	s available, EPE will of additional solar
capacity charge will not increase a a fuel rate credit, will vary based o	ime without any penalties, but will have a limited and may decline over time. I understand that my in the monthly energy production from the Texas nedule No. CS-Community Solar Rate. I hereby terms and conditions.	monthly bill credit Community Solar	ts, consisting of facility. I have r	both a generati reviewed and ur	on rate credit and nderstand the terms
Signature of Subscriber:			Date:	J	
Written applications may be	submitted by mail or email to El Paso Ele	ctric Company	v, as follows:		
Mailing Address:	El Paso Electric Company, PO Box 98 Attention: Community Solar Program (



communitysolar@epelectric.com

Email Address: