



Schedule E-9
QUALIFYING CHECKLIST

1) Customer Information:

Account Number _____

Name: _____

Service Address: _____

City, State, Zip _____

2a) E-9 Metering Option: (check one)

- Rate A - TOU meter for entire household (proceed to item 2b)
- Rate B - Separately metered electric vehicle charging or natural gas vehicle fueling (check one and proceed to item 2b)
 - NGV
 - EV

2b) I have reviewed rate schedule E-9 and understand that electric rates vary considerably depending on the time of day that I use electricity

- Yes
- No

3) I will be (check one)

- Charging an electric vehicle at my residence
- Fueling a natural gas vehicle at my residence
- Neither charging an electric vehicle nor fueling a natural gas vehicle

4) Please answer the following if charging an electric vehicle at home:

I will be charging the following vehicle at home:

Vehicle make (e.g., General Motors) _____

Vehicle model (e.g., EV-1) _____

Vehicle model year (e.g., 1997) _____

5) Customer Signature:

_____ **Customer**

_____ **Date**

Retain one copy in Division File
Send one copy each to New Energy Markets and
Industrial Power Billing