

Flex Peak Opt-Out Request Form

I, _____, request to opt-out the below facility(s) for the week starting on _____. Due to unforeseen circumstances or situations at my facility, _____, is unable to participate in the Flex Peak Program during the week of _____ and would like to opt-out during this time period. *(List the site(s) you wish to opt-out in the table below.)*

Weekly Opt-Out Option

List the facility site(s) and Meter number(s) you wish to opt-out below.

FACILITY SITE LOCATION / ADDRESS	METER #

I understand that by opting-out I will not receive payment for this week even if an event is called. I also understand that if an event is called, I am not expected to provide any load reduction during that week. My facility will automatically be re-instated in the program the following week unless an additional opt-out request is submitted.

CUSTOMER NAME (PLEASE PRINT)

CUSTOMER SIGNATURE

DATE

By typing your name on the line above, you are electronically signing the application, subject to the 'Customer Agreement' above.

Please send completed form to FlexPeak@IdahoPower.com