



Application to Receive Electric Service

Introduction

Under a Community Aggregation Program authorized by Assembly Bill 80 in 2002, the City of Cerritos established the Cerritos Electric Utility (“**CEU**”) to provide electric generation service to commercial customers within the city limits for economic development purposes. CEU recently obtained authorization to expand the CEU’s Community Aggregation Program to provide electric generation service to residents. Under the CEU’s Community Aggregation Program, CEU provides electric generation service to customers, while Southern California Edison Company (“**SCE**”) continues to provide electric delivery service to these customers. Participating customers will be required to pay two bills: one bill from CEU for the cost of electric generation service, and a second bill from SCE for the use of SCE’s electric system to deliver electricity supplied by CEU. CEU’s Community Aggregation Program provides customers a discounted rate for electricity, and customers also have an opportunity for local input on the type of power supplied by CEU (e.g. natural gas vs. solar).

Application

This application will allow CEU to evaluate your account information and determine your eligibility for service from CEU. As part of this evaluation, CEU may request certain documents from you to confirm your eligibility. Once CEU receives and accepts the application as complete along with any necessary supporting documents, CEU will provide you an agreement that must be signed and returned to CEU. After receiving a signed copy of the agreement, CEU will identify a date for CEU to begin providing electric generation service. Additional details regarding the agreement and CEU’s Community Aggregation Program may be found in CEU’s **Rules and Regulations**.

Commercial customers and residential customers who are **not** seeking enrollment based on age, income and/or disability need to complete Part 1 and 3 of the application only. Residential customers who are seeking enrollment based on age, income and/or disability are required to complete Part 1, 2 and 3 of the application. Since CEU does not have the capacity to serve the entire city electrical load, the Cerritos City Council directed that residential customers should be enrolled based on the following priority:

1. Low-income senior residents and low-income disabled residents
2. Low-income residents and disabled residents
3. All other residents (with exception of residents with onsite generation)





Application to Receive Electric Service

CITY OF CERRITOS | CERRITOS ELECTRIC UTILITY | DEPARTMENT OF PUBLIC WORKS / WATER AND POWER | (562) 916-1221 | power@cerritos.us



PART 1

Contact Name: First Middle Last

Phone Number: E-mail:

Service Address: Address City State Zip

Billing Address: Address City State Zip
(if different from service address)

Social Security No.: - -

Current SCE Account No.:

Do you have onsite generation?
(example: solar photovoltaics, wind or battery storage)

Yes No (at this time, CEU is not offering electric service to **residential** customers with onsite generation)

- All applicants** must also attach a copy of a Southern California Edison bill.
- All resident applicants** must also provide a **verification of current residence** such as a copy of a driver's license, other personal identification or home utility bill. For married or joint applicants, information must be supplied for each person, regardless of income.
- All applicants** must complete and sign the attached SCE customer authorization form.

PART 2 (Residents seeking enrollment based on age, income and/or disability only)

HOUSEHOLD SIZE	TOTAL ANNUAL HOUSEHOLD INCOME (Please check one below)
1 Person	<input type="checkbox"/> \$47,850 or less <input type="checkbox"/> \$47,851 or more
2 Persons	<input type="checkbox"/> \$56,650 or less <input type="checkbox"/> \$56,651 or more
3 Persons	<input type="checkbox"/> \$61,500 or less <input type="checkbox"/> \$61,501 or more
If checked any of these, Item A required below	
More than 3	Please contact Cerritos Electric Utility at (562) 916-1221 or power@cerritos.us

Are you 62 years of age or older?
 Yes No
If "Yes", **Item B** required below

Are you handicapped or disabled?
 Yes No
If "Yes", **Item C** required below

Do you receive Social Security, Disability Insurance or Supplemental Security Income?
 Yes No
If "Yes", **Item D** required below

Required Attachments *Based on the items checked above*

- Item A** **Proof of income** including a Statement of Benefits (Social Security/Retirement), copy of a Federal Income Tax Return for the immediately preceding two (2) years for the electrical service account holder **and** a copy of a current checking/savings account information for the immediately preceding two (2) months for each account for the electrical service account holder.
- Item B** **Proof of age** such as a copy of a driver's license, personal identification or birth certificate.
- Item C** **Doctor's Certification of Disability form**
- Item D** **Proof of benefits** including a Statement of Benefits (Social Security/Retirement) **and** a copy of a signed Federal Income Tax Return for the immediately preceding two (2) years for each account.

PART 3

I understand that CEU will review this application and that CEU staff may request documentation of the representations made in this application.

I hereby state that the foregoing is true and correct.

Signed: Date:



SOUTHERN CALIFORNIA EDISON

An EDISON INTERNATIONAL Company

AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

THIS IS A LEGALLY BINDING CONTRACT - READ IT CAREFULLY

I,

NAME

(T)

of (Customer) have the following mailing address

NAME OF CUSTOMER RECORD

, and do hereby appoint

MAILING ADDRESS

CITY

STATE

ZIP

of

NAME OF THIRD PARTY MAILING ADDRESS

CITY STATE ZIP

to act as my agent and consultant (Agent) for the listed account(s) and in the categories indicated below:

ACCOUNTS INCLUDED IN THIS AUTHORIZATION

- 1. SERVICE ADDRESS SERVICE ACCOUNT NUMBER
2. SERVICE ADDRESS SERVICE ACCOUNT NUMBER
3. SERVICE ADDRESS SERVICE ACCOUNT NUMBER

(For more than three accounts, please list additional Service Addresses and Service Account Numbers on a separate sheet and attach it to this form)

(T)

INFORMATION, ACTS AND FUNCTIONS AUTHORIZED - This authorization provides authority to the Agent. The Agent must thereafter provide specific written instructions/requests (e-mail is acceptable) about the particular account(s) before any information is released or action is taken.

I (Customer) authorize my Agent to act on my behalf to perform the following specific acts and functions (initial or put an 'x' inside all applicable boxes):

- 1. Request and receive billing records, billing history and all meter usage data used for bill calculation for all of my account(s)
2. EPA Benchmarking
3. Request and receive copies of correspondence in connection with my account(s) concerning (initial all that apply):
a. Verification of rate, date of rate change, and related information;
b. Contracts and Service Agreements;
c. Previous or proposed issuance of adjustments/credits; or
d. Other previously issued or unresolved/disputed billing adjustments.
4. Request investigation of my utility bill(s)
5. Request special metering, and the right to access interval usage and other metering data on my account(s).
6. Request rate analysis.
7. Request rate changes.
8. Request and receive verification of balances on my account(s) and discontinuance notices.

1 The Utility will provide standard customer information without charge up to two times in a 12 month period per service account. After two requests in a year, I understand I may be responsible for charges that may be incurred to process this request.

AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION AND AUTHORIZE MY AGENT TO ACT ON MY BEHALF ON THE FOLLOWING BASIS² (initial one box only):

- One time authorization only (limited to a one-time request for information and/or the acts and functions Specified above at the time of receipt of this Authorization).
- One year authorization - Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the twelve month period from the date of execution of this Authorization.
- Authorization is given for the period commencing with the date of execution until _____ (Limited in duration to three years from the date of execution.) Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the authorization period specified herein

RELEASE OF ACCOUNT INFORMATION:

The Utility will provide the information requested above, to the extent available, via any one of the following. My (Agent) preferred format is (check all that apply):

- Hard copy via US Mail (if applicable): _____
- Facsimile at this telephone number: _____
- Electronic format via electronic mail (if applicable) to this e-mail address: _____

I (Customer), _____ (print name of authorized signatory), declare under penalty of perjury under the laws of the State of California that I am authorized to execute this document manually or electronically on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record. I further certify that my Agent has authority to act on my behalf and request the release of information for the accounts listed on this form and perform the specific acts and functions listed above. I understand the Utility reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize the Utility to release the requested information on my account or facilities to the above Agent who is acting on my behalf regarding the matters listed above. I hereby release, hold harmless, and indemnify the Utility from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to my Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Agent; and 3) from any actions taken by my Agent pursuant to this Authorization, including rate changes. I understand that I may cancel this authorization at any time by submitting a written request. **[This form must be signed by someone who has authority to financially bind the customer (for example, CFO of a company or City Manager of a municipality).]** (T)

 AUTHORIZED CUSTOMER SIGNATURE TITLE (IF APPLICABLE) TELEPHONE NUMBER (T)

Executed this _____ day of _____ at _____
 MONTH YEAR CITY AND STATE WHERE EXECUTED

I (Agent), hereby release, hold harmless, and indemnify the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes. I also hereby indicate my consent to execute and submit this signature electronically. (T)

 AGENT SIGNATURE TELEPHONE NUMBER

 COMPANY

Executed this _____ day of _____
 MONTH YEAR

² If no time period is specified, authorization will be limited to a one-time authorization.