



SCHEDULE E-9
EXPERIMENTAL RESIDENTIAL TIME-OF-USE SERVICE
FOR LOW EMISSION VEHICLE CUSTOMERS
QUALIFYING CHECKLIST

1) Customer Information:

Account Number _____

Name: _____

Service Address: _____

City, State, Zip _____

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

Rate A – Single Time of Use (TOU) meter for entire household

Rate B - Separately metered electric vehicle charging or natural gas vehicle fueling

2b) I have reviewed rate schedule E-9 and understand that electric rates vary considerably depending on the time of day, day of week and season of the year that I use electricity Initial: _____

3) I will be (check one)

Charging an electric vehicle

Operating a CNG Home Refueling Appliance (HRA)

4) Please provide the following information about the electric vehicle at home:

Year: _____ Make: _____ Model: _____

5) Customer Signature:

Customer

Date

Mail Completed Form to:

**Att: EMR Billing Supervisor
Pacific Gas & Electric Co.
Mail Code – B12C
P.O. Box 770000
San Francisco, CA 94177**