



Community Renewables Program

Commitment to Enroll

(Please print legibly)

Current Energy Service Provider (to be completed by account holder or authorized representative only)	
SCE	Yes <input type="checkbox"/> If no, provide name below.
Energy Service Provider or Community Choice Aggregator:	
Note: Direct Access and Community Choice Aggregator customers are not eligible to participate.	
Project Information (To be completed by developer)	
Developer Name	
Developer's Authorized Agent	
Title of Authorized Agent	
Phone Number	
Email Address	
Project Name	
Project Address	
Project Size	
Customer Information (To be completed by account holder or authorized representative only)	
First Name	
Last Name	
Company/Institution	
Phone Number	
Email Address	
Street Address	
City	
ZIP Code	
Subscription Level	
Service Account Number or	
Customer Account Number	

I, _____, confirm that I am the account holder or authorized representative of the account holder for the account listed above and am committing to enroll in the project owned by _____ per the details above. I also confirm I have been provided with the estimated date for when this project will come online, as well as contract terms and pricing information.

Customer Signature

Date

Authorized Agent Signature

Date