

Commercial Off Peak Space Heating Program Agreement

In consideration of the availability to receive special off-peak rate reductions and other considerations, the Applicant agrees to install and maintain an approved off peak space heating system conforming to current Alexandria Light and Power (ALP) Electric Service Policy.

The electric heating system for the home or business shall be a minimum of 5kW of electric load. The non-electric heating system must utilize thermal storage or be fueled by a thermostatically controlled natural gas, fuel oil, or propane heating system. Wood is not allowed as the secondary heat source under this agreement. The non-electric heating system must be capable of providing Applicant's total heating requirements.

The Applicant agrees to allow ALP to switch the Applicant to their non-electric heating system without notice during peak electric demand periods or for equipment testing.

The Applicant agrees to allow ALP access to the Applicant's home or business to inspect the installation of the electric and non-electric systems and to periodically inspect the operation of the ALP control system.

The Applicant agrees to indemnify and hold ALP harmless for any damages related to the operation of the off peak system and any other controlled loads, whether direct or indirect.

The Applicant agrees that any tampering or installations not conforming to the ALP Electric Service Policy shall be grounds for immediate removal from the off-peak service rate. In the event of such removal, all energy recorded on the off peak meter used for the prior three (3) years (36 consecutive previous months) shall be billed at the current rate in effect for the customer's rate classification. The Applicant hereby agrees to pay any charges so billed upon written notice from ALP.

The Applicant acknowledges that if the utility bill is not paid in a timely manner, the Applicant's utility service may be disconnected as outlined in ALP Electric Service Policy on Utility Bill Payments.

The Applicant agrees to comply with the rules and regulations of ALP regarding off peak and other controlled loads now in effect and as revised from time-to-time by ALP.

CHARGES MAY APPLY FOR CTS AND METER SOCKET.

Commercial Off Peak Heating Application

Customer Information

Business Name: _____ Contact Person: _____

ALP Account Number: _____

Mailing Address: _____ City: _____
State: _____ ZIP: _____

Address of Installation (if different): _____ Alexandria, MN 56308

Telephone: (work) _____ (cell) _____

Name of Heating Contractor: _____

Name of Electrical Contractor: _____

Please Describe the Proposed Off Peak System

Please check the box that best describes the primary heating system you plan to use:

- | | |
|---|--|
| <input type="checkbox"/> Electric boiler | <input type="checkbox"/> Electric baseboard |
| <input type="checkbox"/> Electric forced air | <input type="checkbox"/> Electric radiant floor heat (electric cable) |
| <input type="checkbox"/> Electric thermal storage | <input type="checkbox"/> Electric radiant floor heat (hydronic system) |
| <input type="checkbox"/> Heat Pump (Geothermal) | <input type="checkbox"/> Heat Pump (Air to Air) |

What is the capacity rating of the primary heating system you plan to use?

Please check the box that best describes the type of secondary heating system you plan to use:

- | | |
|--|---|
| <input type="checkbox"/> Forced air | <input type="checkbox"/> Boiler |
| <input type="checkbox"/> Electric storage unit | <input type="checkbox"/> Radiant floor heat storage |

What fuel will your secondary heating system use?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Natural gas | <input type="checkbox"/> Fuel oil |
| <input type="checkbox"/> Propane | <input type="checkbox"/> Storage Heat (in floor or thermal storage unit) |
| <input type="checkbox"/> Other | |

What is the capacity rating of the secondary heating system you plan to use (BTUH)?

Heat Pump Control Options

_____ I would like my heat pump to be controlled by Alexandria Light and Power twelve (12) months during the year to receive the off peak rate for the entire year. I understand that this means my heat pump that provides cooling during the summer months will be curtailed during Alexandria Light and Power peak electric loads.

_____ I would like my heat pump to be controlled only during the heating months of each year (October through May). I understand that his means my heat pump will NOT be curtailed during the cooling months of June through September during peak electric loads for Alexandria Light and Power. I also understand that I will NOT receive the off peak rate during the four cooling months (June through September). I will be billed at the full residential electric rate during these months.

80 Gallon or Larger Water Heater

Type of water heating: Electric Gas

If you have electric water heat, would you like ALP to control your water heater?

- Yes, I would like my 80 gallon water heater on the off peak rate.
- No, I do not want ALP to control my water heater at this time.

Central Air Conditioning (Voluntary Only-No Off Peak Rate Applies)

If you have central air conditioning, would you like ALP to control your air conditioner?

- Yes. I would like central air conditioning cycling. (9 minutes off, 21 minutes on during peak times)
- No, I do not want ALP to control my central air conditioning at this time.

Signatures:

The undersigned has read and agrees to the Off Peak Space Heating Agreement and will follow and adhere to all ALP Electric Service Policy.

Applicant

Date

ALP Office Use

The dual fuel system, as described by the customer in the application, meets ALP Off Peak Program Regulations. Approval of this application does not infer that the customer's off peak system will be approved to receive the off-peak rate when ALP makes its final inspection. The customer and heating contractor are still responsible for the installation of the actual off peak system and ensuring that secondary heating system is capable of heating the entire home during ALP control periods.

ALP Representative: _____

Date: _____

