



# Community Renewables Program

## Expression of Interest

*(Please print legibly)*

<b>Current Energy Service Provider</b> (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 :	
<b>Note: Direct Access and Community Choice Aggregator customers are not eligible to participate.</b>	
<b>Project Information</b> (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	
<b>Customer Information</b> (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 # (not required but preferred)	
Customer Account # ) not required but preferred)	

I, \_\_\_\_\_, confirm that I am the account holder or authorized representative of the account holder for the account listed above and am expressing interest in the project owned by \_\_\_\_\_, per the details above.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Date