

# City of Hawarden

## Load Management Application

To: City of Hawarden Municipal Utilities

**Yes**, Count me in. I'll cooperate with the Electric Load Management Program to help hold down electric rates.

I hereby authorize the installation of a control switch on my:

- Central Air Conditioner, and/or,
- Electric Water Heater

I understand that the switch is owned by the City of Hawarden and will be installed at no cost to me. If the operation of the Load Management Switch in my home or business causes discomfort or hardship, the switch will be removed by the City at no cost to me.

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Address:  
Hawarden, IA 51023-\_\_\_\_\_

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Owner's Name:  
(if Renting)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:

*Return completed form to the city offices or  
mail to City of Hawarden, P.O. Box 231, Hawarden, IA 51023*