



P.O. Box 430, Denton, MD 21629  
Toll Free: 877.892.0001  
Z\_info@choptankelectric.coop  
www.choptankelectric.coop

## **Farm Irrigation Rate Opt-In Form**

Upon reviewing the rate tariff and other provided documentation in regards to Choptank Electric Cooperative Inc.'s Farm Irrigation Rate (FI), my intention is to opt-in to the FI rate.

I understand the terms of the rate as specified, and I wish to switch from my present rate of \_\_\_\_\_ to the FI rate, hereby commencing in the next billing period after review and approval by Choptank Electric Cooperative, Inc.

I understand that I may wish to make modifications to my equipment, and that any modifications which I might choose to make to my equipment will be at my sole expense. I agree to notify Choptank Electric Cooperative, Inc., in writing, of any changes resulting in an increase or decrease in horsepower within thirty (30) days from the date of change as these changes affect the billing component of my monthly bill. The horsepower for my irrigation system is currently rated at \_\_\_\_\_ hp. Documentation to substantiate this is attached.

I understand that my signature below is considered as a binding contract and that I must remain on the FI rate for a period of twelve (12) continuous months. If, after 12 months has passed, I choose to be removed from this rate, I may do so by notifying Choptank Electric Cooperative, Inc. in writing, at no additional cost to me from Choptank Electric Cooperative, Inc.

Member(s) Name(s) (Please Print) \_\_\_\_\_

Member(s) Signature(s) \_\_\_\_\_

Account Number(s) \_\_\_\_\_

Member(s) Email Address(s) \_\_\_\_\_

Date \_\_\_\_\_

