## **Data Center Demand Response Enrollment Form**

| Company Name                        |   |
|-------------------------------------|---|
| Site Name                           |   |
|                                     |   |
| Contact Name                        |   |
|                                     |   |
| Contact Email                       |   |
| Contact Phone                       |   |
| Contact Priorie                     |   |
| Role/Title                          |   |
|                                     |   |
| Site Address                        |   |
|                                     |   |
| City                                |   |
|                                     |   |
| State/Province                      |   |
|                                     |   |
| ZIP/Postal Code                     |   |
| Utility Provider                    |   |
|                                     |   |
| Utility Account Number              |   |
|                                     |   |
| Typical Peak Load (kW)              |   |
|                                     |   |
| Available Sheddable Load (kW)       |   |
|                                     |   |
| Interested Demand Response Programs | 1 |
| Additional Comments                 |   |
|                                     |   |
|                                     |   |