



Your Friendly Electric Servant
DAHLBERG LIGHT & POWER COMPANY

9221 East Main • P.O. Box 300 • Solon Springs, Wisconsin 54873-0300 • Telephone 715-378-2205 • Fax 715-378-2505 • 1-800-736-5167

INTERRUPTIBLE ELECTRIC SERVICE AGREEMENT

I (we) hereby select the Dahlberg Light and Power Company Dual Fuel Interruptible Electric Service Rate (Rate No _____) for a period of at least 30 days commencing on _____, 20____, and agree to Abide by the Rate Terms and Service Conditions contained in that rate schedule as they now exist, or may be changed by regulation. I (we) understand that one of these Service Conditions requires that my back-up energy source be capable of continuous operation, and I (we) agree to be responsible for its continuous operation.

I (we) grant permission for all duly authorized agents of Dahlberg Light and Power Company to enter the premises at the address listed below at all reasonable hours for the purpose of inspecting, repairing, or maintaining the Dual Fuel Service and equipment, except in an emergency, Dahlberg Light & Power Company shall make a reasonable attempt to notify me in advance.

I (we) agree that Dahlberg Light & Power shall not be liable for any loss or damage that may be caused by or result from any interruption of service, or otherwise results from the installation and operation of Dual Fuel equipment: except as caused by negligence of Dahlberg Light & Power in specification, installation or modification of the equipment.

I (we) agree that violation of any conditions of the Dual Fuel Interruptible Electric Service Rate will result in the termination of such service to this address, at such time, I (we) would be required to rewire the electric service at my own expense to enable Dahlberg Light & Power to meter all usage through one firm service meter or to be billed under the regular rate.

I (we) also understand that Dahlberg Light & Power Company may discontinue the Dual Fuel Interruptible Electric Service Rate at any time, subject to applicable regulation.

Dated: _____, 20____

Signed _____ Address _____

Signed _____ Address _____

Witness and seal this ____ day of _____, 20____
STATE OF _____
COUNTY OF _____

On this ____ day of _____, 20____, before me, a Notary Public, in and for said County and State, personally appeared _____ to me personally known to be the identical person__ named in, and whose name affixed to the foregoing instrument, and acknowledges same to be _____ voluntary act and deed for the purpose therein expressed. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notaries seal on the year above written.

Notary Public in and for _____ County

My Commission Expires: _____
Notary Public

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