



## City of Jasper, Texas

### **Application for Critical Load Public Safety Or Critical Load Industrial Customer (Non-Residential) Status**

This application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) Status.

**The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the Public Utility Commission of Texas Substantive Rule 25.497. Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.**

Upon completion of the review of the submitted application, you will be notified of the results.

**DESIGNATION OF A CRITICAL LOAD DOES NOT GUARANTEE AN UNINTERRUPTED SUPPLY OF ELECTRICITY.**

#### **Submitters Contact Information:**

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

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

#### **Customer Information:**

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

Service Address: \_\_\_\_\_

Customer Utility Account Number: \_\_\_\_\_

Customer Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:**

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

Title: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Reason for Application (please choose one):**

New Application

Annual Renewal

**Facility Type and Description**

**Please select the type of facility and/or describe the specific public safety issue that may result from an interruption of normal power service (reference Public Utility Commission of Texas Substantive Rule 25.497).**

Healthcare Services

Public Services

Critical Load Industrial

Describe public safety issue that could arise as a result of interruption in power:

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Describe any existing battery or backup capacity or dual feed capability (required):

None

Battery Backup  Battery Backup Capacity (kW): \_\_\_\_\_

Backup Generator  Backup Generator Capacity (kW): \_\_\_\_\_

Utility Dual Feed Capability

Length of time facility can operate without electricity from the electric utility: \_\_\_\_\_

Length of time required for start-up following power outage: \_\_\_\_\_

**Customer:** I have read and understood the information and certify that the information provided on this Application is correct. I understand the information may also be used to determine whether the above named customer is eligible for additional notices and other protections relating to the electric service available under Public Utility Commission rules, and may be used to provide notices relating to the electric service to the Emergency Contact.

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

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

Title: \_\_\_\_\_

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