

BATTERY RATE APPLICATION

Member Cooperative*	
Name of Distribution Cooperative and description of facility	
Anticipated Battery Life Period	
Expected maximum magnitude of battery discharge (kW)	
Location	
Type of Facility (describe in detail)	
<i>(Signature)</i>	<i>(Date)</i>
<p>* By filling out this application, the Member agrees to each of the conditions in the Member Owned Trial Battery Rate.</p>	