

Shared Solar Program (SSP) Termination Form



Application Information

App# (office use only)

SECTION 1: LADWP ACCOUNT AND PROPERTY INFORMATION

LADWP Account Holder Name:

LADWP Account Number:

LADWP Service Address:

City:

ZIP Code:

Daytime Phone Number

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Email:

SECTION 2: CONFIRM TERMINATION AND REASON FOR CANCELLATION

Reason(s):

- Leaving LADWP's service territory
- Financial reasons
- No long interested in the SSP
- Poor customer service
- Other (specify):

Do you want to cancel your SSP Subscription? Yes

SECTION 3: CERTIFICATION

By submitting this Shared Solar Program Termination Form, I certify that the information I have provided is true and correct. I understand that this SSP Termination Form is subject to the SSP Rate Contract Terms and Conditions. I understand that my SSP Subscription will be cancelled within the next 1-2 billing periods, depending on the Termination Date. I understand that I shall not be allowed to enroll again in the SSP for twelve (12) months following the Termination Date.

I understand that I shall not incur any monetary fees or penalties for terminating my SSP Subscription. I understand that this SSP Termination Form shall be deemed properly given on the date of delivery if delivered in person or three (3) days after mailing if sent by registered or certified mail, postage prepaid, to the Shared Solar Program Manager.

Print LADWP Account Holder (Applicant) Name

Signature (Applicant)

Date

To cancel Subscribers must complete and mail-in the SSP Termination Form to:

Shared Solar Program Manager of LADWP
111 North Hope Street, Room 968
Los Angeles, CA 90012