



WESTCHESTER POWER PROGRAM OPT-OUT REPLY CARD

XX0000

Opt-Out Code

Service Address: Service Address
Apartment Number
City, State Zip

X

Signature

Date



*****SNGLP ###T15 P1



Customer
Service Address
City, State Zip

If you want to participate in the Westchester Power Program, you do not need to take any action.

You will be automatically enrolled.

Opt-Out Instructions

If you do not want to participate:

- 1) Sign and date
- 2) Place in envelope provided
- 3) Drop in the mail

The card must be signed by the customer of record whose name appears in the address on this card. Please return within 30 days of receiving this Consumer Notification.