



**NORTH PLAINFIELD'S COMMUNITY CHOICE GOVERNMENT ENERGY  
AGGREGATION PROGRAM**

**BUSINESS/NON-RESIDENTIAL OPT IN FORM**

**Authorization To Participate in North Plainfield's Community Choice  
Government Energy Aggregation Program**  
*(customer information)*

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City North Plainfield

Utility PSE&G

Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(please list additional accounts on separate paper, if necessary)

**I authorize the Borough of North Plainfield to include these listed non-residential  
accounts in the Community Choice Government Energy Aggregation Program for  
Electric Power Supply and choose to "opt-in" to the program.**

Company Name \_\_\_\_\_

Authorized Contact Name \_\_\_\_\_

Address Street \_\_\_\_\_

City \_\_\_\_\_

Telephone # \_\_\_\_\_

**Signed** \_\_\_\_\_  
**Customer Authorized Signature**

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

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