



**Automatic Meter Reading & Advance Meter Infrastructure Opt Out Form**

**CUSTOMER INFORMATION**

Name on CMLP bill:	Phone #:
Mailing Address:	Account #:
Service Address:	Meter #:

**LOCATION INFORMATION**

Do you operate life support or other medical equipment in your home?	YES	NO
Do you have meter access issues such as locked gate, dog, etc.?	YES	NO
Please describe:		

**The following charges apply for this option:**

- ❖ Monthly Manual Read Fee - \$20 will be applied to customers monthly statement
- ❖ Removal /installation Fee - \$75 per meter changed

*I agree that I am the customer of record on the account listed above. Further, I am indicating that I want to opt out of the AMR or AMI metering and understand the Monthly Manual Read Fee will be applied. I understand that if fees are unpaid, an AMR or AMI meter will be installed at my location, and that all disconnect policies will apply.*

**X** \_\_\_\_\_  
**Customer Signature** **Date**

This form must be returned to:  
 Concord Municipal Light Plant  
 Attention: Customer Service

***The Concord Municipal Light Plant reserves the right to change its Opt Out Policy at any time.***