

PRIORITY CONSUMER STATUS APPLICATION PROFORMA

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Delete as appropriate	nove C	Add / Remove*			
Site Description (e.g. hospital):					
		mes, homes for the elderly ruptible contract. Also, note to use gas to ensure the tible contract, and where note ernative fuel source, who with a capital replacement afe run down period.			

Supporting Information: Please explain how the application meets one of the categories defined (Care Home, Emergency Services, etc.)				
THIS SECTION TO E	E COMPLETE	D FOR CATEGORY C SI	TES ONLY	
Demand Management:				
Minimum Demand:			Kwh	
Time to Minimum Demand			Hr	
Time to Shut-Down:			Hr	
FOR XOSERVE USE ONLY:				
Date:		Accepted/Rejected		
2000		1.000 p.10.11.10 j.00.10.11		
Comments:				

Please forward to: priorityconsumers.spa@xoserve.com