## **Peak Demand Request Form**

*Date:				
To: NV Energy Billing	g, Attn: Billing Dept, vi	a e-mail: billingrequest@	)nvenergy.com	
*From:				
	month Peak Demand			
Please provide the 12-m	onth Peak Demand E	nergy Usage for the follo	owing meters.	
*Customer/Premise	*Service Address	*Meter number(s):	This column For NV	
			Energy Use Only:	
*Please check all that ap	ply and fill in the blan	ks:		
I authorize NV Er	nergy to provide the da	ata directly to me at		
I authorize to receive this data at			·	
This request is signed by to disclose historical ene			nt to authorize NV Energy	
*Signature		*Phone	*Phone Number	
*Print Name.				

\*These fields must be completed

Fax completed form to (702) 402-5547 or e-mail to billingrequest@nvenergy.com