



Request for Enrollment Kit

Date: _____

Company Name: _____

Contact Name: _____

Contact Signature: _____

Contact Phone #: _____

Contact Fax #: _____

Please provide an enrollment kit(s) to participate in FPUC's Commercial Customer Choice Program for the account(s) listed below:

Check One:

_____ Please mail the enrollment kit(s) to:

_____ Please e-mail the enrollment kit(s) to:

Please email to cfggascontrol@chpk.com or fax to (561) 366-1523.