



Application for Critical Load Public Safety or Industrial Customer Status

This application must be completed in order to request the designation of **non-residential** Critical Load Public Safety or Critical Load Industrial customer status.

The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the [Public Utility Commission of Texas Substantive Rule 25.497](#). Designation of critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.

☐ **New Application***

☐ **Annual Renewal***

**Must select one of the above*

Section 1: Submitter's Contact Information

First Name: _____ Last Name: _____

Email Address: _____

Phone: (_____) _____

Section 2: Customer Contact Details

Name (if different from above): _____

Contact Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Secondary Phone: (_____) _____

Email Address: _____

Section 3: Service Address Information

Customer Name (As listed on utility account): _____

Street Address (1): _____ Account #: _____

Street Address (2): _____ Account #: _____

Street Address (3): _____ Account #: _____

Street Address (4): _____ Account #: _____

Street Address (5): _____ Account #: _____

If you have additional service addresses, attach them on a separate page.

Section 4: Facility Type and Description

Please select the type of facility and/or describe the specific public safety issue that may result from an interruption of normal power service (reference [Public Utility Commission of Texas Substantive Rule 25.497](#)):

Start by selecting the applicable services group for this application from the following (select only one)

☐ Healthcare Services

☐ Public Services (Airport, Municipal, etc.)

☐ Critical Load Serving Electric Generation and Cogeneration (Gas/Pipeline Infrastructure)

☐ Critical Load Industrial

Description: _____

Describe any existing battery or backup capacity, or dual feed capability (required)

☐ None

☐ Battery Backup Battery Backup Capacity(kW) _____

☐ Battery Generation Backup Generation Capacity(kW) _____

☐ Utility dual feed capability Owner of transfer switch _____

Length of time the facility can operate without electricity: _____

Length of time required for start-up following a power outage: _____

PLEASE NOTE: It is the responsibility of the customer to make arrangements for alternative sources of electric power should a localized outage or significant load shed event occur.

DESIGNATION OF A CRITICAL LOAD DOES NOT GUARANTEE AN UNINTERRUPTED SUPPLY OF ELECTRICITY.

If mailing, return completed form to:

**Utility Customer Service
City of Liberty
1829 Sam Houston St.
Liberty, Texas 77575**

To send form electronically:

**Please send all applications attached in an email to
contactus@cityofliberty.org**

You will be contacted regarding eligibility after the application is reviewed by staff.

To be completed by City of Garland staff only.

Is account eligible for Critical Load Status? Yes No If no, why? _____

Reviewed for eligibility by: _____ Date: _____

Entered by: _____ Date: _____ Account Noted: _____