

Filing Receipt

Received - 2021-10-15 09:13:57 AM Control Number - 52299 ItemNumber - 155

Application for Critical Load Status

Part One:

| To be completed by the member. All information | n is required. | | |
|---|--|--|--|
| Member Name on Account: Creekwood Ranche | es Homeowners Assoc/Municipal Water | | |
| Member Account Number: 1007667001 | | | |
| Service Address (found on your electric bill) 471 County Road 4510 Hondo, TX 78861-6270 | Mailing Address (if different than service address) Same | | |
| Member primary phone number: | Member alternative phone number: | | |
| 830-709-3879 | 830-931-7424 | | |
| Member primary email: | Member alternate email (if any): | | |
| balexander@emcsud.dst.tx.us | rlemmons@emcsud.dst.tx.us | | |
| Member: | | | |
| | read and understood the information and certifies that the ct and understands the information will be used to signation of Critical Load Status. | | |
| Signature: Bue Q. Oly 7 | Date: 10 5 2 | | |
| Printed name: Bruce Alexander | Title: Superintendent | | |

APPLICATION FOR CRITICAL LOAD STATUS

| PAF | RT TWO: | | | |
|---|--|-------------|--|--|
| To be completed by the member. All information is required. | | | | |
| Critical load designation category: | | | | |
| (Please select the most applicable category and subcategory, if applicable) | | | | |
| Public safety A member for whom electric service is considered crucial for the protection or maintenance of public safety, including but not limited to hospitals, police stations, fire stations, and critical water and wastewater facilities. "Texas Department of State Health Services license number required" | | | | |
| | Hospital — trauma center | | Emergency alert system primary or secondary transmitter | |
| | Hospital — with surgery or emergency treatment | | 9-1-1 center | |
| | Licensed day surgery | | Police | |
| | Licensed emergency care | | Fire | |
| | Licensed dialysis clinic | | Water/sewage deemed critical — note that some community water and waste facilities | |
| | Licensed birthing clinic | \boxtimes | may qualify, however, not all individual | |
| | Licensed skilled nursing facility | | wells, sewer lift stations etc. qualify as critical | |
| | Licensed unskilled nursing facility | | Flood control | |
| | Licensed assisted living facility* | | Other (explain) | |
| | Hospice services facility* | | | |
| | Major or regional airport | • | | |
| ☐ Industrial | | | | |
| An industrial member for whom an interruption or suspension of electrical service will create a dangerous or life threatening condition on the member's premises. | | | | |
| ☐ Natural gas infrastructure | | | | |
| A member that supports natural gas-fired generation, including gas control center or gas compressor | | | | |

Please provide detail for consideration of Critical Load status and attach supporting information for consideration.

plant.