Attachment A
Decision No. C20-0451
Proceeding No. 20M-0251E
Page 1 of 4

## COLORADO PUBLIC UTILITIES COMMISSION RETAIL RATE SURVEY

Utility Name	
Individual Completing Surv	'ey
Contact Phone Number	
Contact Email	

	ELECTRIC SALES DATA FOR THE YEAR 2019					
LINE NO.	CLASS OF SERVICE	REVENUE	КWН	AVERAGE NUMBER OF CUSTOMERS		
1.	Residential sales	\$				
2.	Commercial and industrial sales					
3.	Small (or Commercial)					
4.	Large (or Commercial)					
5.	Public street and highway lighting					
6.	Other sales to ultimate customers					
7.	Total sales to ultimate					
8.	Sales for resale					
9.	Total sales of electric energy					
10.	Other operating revenues					
11.						
12.						
13.	TOTAL	\$				

		ELECTRIC SALE	S BY RATE SCHEDULE - 2019	
LINE NO.	RATE SCHEDULE TITLE	AVERAGE NUMBER OF CUSTOMERS	AVERAGE MONTHLY USE PER CUSTOMER (kWh and kW, as applicable)	AVERAGE MONTHLY BILL PER CUSTOMER (for Residential customers if no average bill data is available, assume 700 kWh usage)
1.				\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Attachment A
Decision No. C20-0451
Proceeding No. 20M-0251E
Page 2 of 4

16.			
17.			
18.	TOTAL	N/A	N/A

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LINE NO.	RATE SCHEDULE TITLE	Monthly Fixed Charge	Volumetric Base Rate Charge per kWh	Demand Charge per kW	Total of Other Charges per kWh (e.g. TOU/Tier)	Total of Rider Charge(s) per kWh, if any
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.	TOTAL		\$			\$

For rates where "Demand Charge", "Other Charge", or "Rider Charge" is indicated please use the following sections to explain in detail the rate structure.

For any Time of Use/Time of Day rates listed on the above table, please complete the additional information. If Time of Use rates vary by season, please list in separate lines, indicating the season in the "Additional Requirements" area.

		Addition	al Informati	on for any TC	OU/TOD Rates	
Line No(s)	Voluntary or Default? If default, please indicate whether there is an opt- out provision	Defined Peak Days & Times	Peak Volumetric Rate per kWh	Off-Peak Volumetric Rate per kWh	Peak Demand Charge per kW, if Applicable	Additional Requirements of Participants, if Voluntary (or season, if different rates by different seasons)
			\$	\$	\$	

For any Tiered rates listed on the above table, please complete the additional information. If Tiered rates vary by season, please list in separate lines, indicating the season in the "Additional Requirements" area.

		Addit	ional Informatio	n for any Tiered F	Rates	
Line No(s)	Voluntary or Default? If default, please indicate whether there is an opt-out provision	Tier 1 kWh per Month Usage Range	Tier 1 Volumetric Rate per kWh	Tier 2 kWh per Month Usage Range	Tier 2 Volumetric Rate per kWh	Additional Requirements of Participants, if Voluntary
		\$	\$	\$	\$	

For any "Demand Charge" listed on the above table, please complete the additional information below.

		Additional I	nformation for any D	emand Charges	
Line No(s)	Voluntary or Default? If Default, indicate how long a customer remains on the Demand charge	kW Threshold Triggering Default Demand Rate, if Applicable	If Demand Charge is only applicable certain times of day, please indicate the times, otherwise type "All"	If Demand Charge is only applicable certain times of year, please indicate the time of year, otherwise type "All"	Is Demand Charge calculated based on 15 minute continuous sustained peak each month? If not, indicate how it is calculated. Use additional description section below if needed.

For any Riders or Other Charges listed on the above table, please complete the additional information below. If multiple Riders or Other Charges are applicable to the same rate, please use separate lines to indicate each individual rate, referring back to the original Line No. of the applicable rate.

	Additional Information for any Riders or Other Charges					
Rider Name	Voluntary or Default?	Volumetric Rate per kWh	Demand Rate per kW	Rate Schedule Titles for Which Charge is Applicable	Dedicated Use of the Rider or Charge	
		\$	\$			

Attachment A Decision No. C20-0451 Proceeding No. 20M-0251E Page 4 of 4

Further descriptions or additional charges not covered in the above information should be included below.

Line	Additional description
No(s)	