

## TRITON Electric Home Monitoring Activity Schedule

### Activity One

Company/Organization:

Reason for activity:

Contact name:

Address:

Phone:

City:

State:

ZIP code:

Start time:

End time:

App. travel time

Required attendance **S M T W T F S**

OFFICIAL USE ONLY

Contact person \_\_\_\_\_ Verified Information: YES \_\_\_\_\_ NO \_\_\_\_\_

Notes:

### Activity Two

Company/Organization:

Reason for activity:

Contact name:

Address:

Phone:

City:

State:

ZIP code:

Start time:

End time:

App. travel time

Required attendance **S M T W T F S**

OFFICIAL USE ONLY

Contact person \_\_\_\_\_ Verified Information: YES \_\_\_\_\_ NO \_\_\_\_\_

Notes:

### Activity Three

Company/Organization:

Reason for activity:

Contact name:

Address:

Phone:

City:

State:

ZIP code:

Start time:

End time:

App. travel time

Required attendance **S M T W T F S**

OFFICIAL USE ONLY

Contact person \_\_\_\_\_ Verified Information: YES \_\_\_\_\_ NO \_\_\_\_\_

Notes:

**\*\*\*You Must Contact TRITON EHM within 24hrs with any changes\*\*\***

## TRITON Electric Home Monitoring Activity Schedule

### Activity Four

Company/Organization:

Reason for activity:

Contact name:

Address:

Phone:

City:

State:

ZIP code:

Start time:

End time:

App. travel time

Required attendance **S M T W T F S**

OFFICIAL USE ONLY

Contact person \_\_\_\_\_ Verified Information: YES \_\_\_\_\_ NO \_\_\_\_\_

Notes:

### Activity Five

Company/Organization:

Reason for activity:

Contact name:

Address:

Phone:

City:

State:

ZIP code:

Start time:

End time:

App. travel time

Required attendance **S M T W T F S**

OFFICIAL USE ONLY

Contact person \_\_\_\_\_ Verified Information: YES \_\_\_\_\_ NO \_\_\_\_\_

Notes:

### Activity Six

Company/Organization:

Reason for activity:

Contact name:

Address:

Phone:

City:

State:

ZIP code:

Start time:

End time:

App. travel time

Required attendance **S M T W T F S**

## Defendant Exclusion Areas

### Exclusion Area One

Company/Organization/Person:

Reason for Exclusion or No Contact:

Start Date:

End Date:

Address:

Phone:

City:

State:

ZIP code:

OFFICIAL USE ONLY  
person

Contact

Notes:

### Exclusion Area Two

Company/Organization/Person:

Address:

Start Date:

End Date:

City:

Phone:

OFFICIAL USE ONLY  
person

Contact

Notes:

### Exclusion Area Three

Company/Organization/Person:

Address:

Start Date:

End Date:

City:

Phone:

OFFICIAL USE ONLY  
person

Contact

Notes: