

RESIDENTIAL APPLICATION FOR SERVICE

SAVE APPLICATION TO YOUR COMPUTER TO EDIT OR PRINT

Today's Date (mm/dd/yyyy):		Requested Service Start Date (mm/dd/yyyy):		Service Location Physical Address (Street No., Street, City, State, Zip):				Apt. #			
Addition or Subdivision:		Lot:	Block:	Dwelling (all that apply):			Square Footage:	Meter Number, if known:			
				Owned	Rented	Existing building	Construction has not started				
Applicant Name (Last, First, Middle):				Date of Birth (mm/dd/yyyy):		Co-Applicant Name (Last, First, Middle):				Date of Birth (mm/dd/yyyy):	
Social Security Number:		Driver's License		State:		Social Security Number:		Driver's License		State:	
Primary Phone (Area Code):		Additional Phone (Area Code):				Primary Phone (Area Code):		Additional Phone (Area Code):			
—		—				—		—			
Mobile Number	Land Line	Mobile Number	Land Line			Mobile Number	Land Line	Mobile Number	Land Line		
I authorize the Cooperative to use this phone number to contact me by autodialed voice or text for any Cooperative-related purposes. You may be unable to use some current or future Cooperative programs and services, including outage announcements and updates, usage notifications and courtesy termination calls if you check "NO."		YES	I authorize the Cooperative to use this phone number to contact me by autodialed voice or text for any Cooperative-related purposes. You may be unable to use some current or future Cooperative programs and services, including outage announcements and updates, usage notifications and courtesy termination calls if you check "NO."		YES	I authorize the Cooperative to use this phone number to contact me by autodialed voice or text for any Cooperative-related purposes. You may be unable to use some current or future Cooperative programs and services, including outage announcements and updates, usage notifications and courtesy termination calls if you check "NO."		YES	I authorize the Cooperative to use this phone number to contact me by autodialed voice or text for any Cooperative-related purposes. You may be unable to use some current or future Cooperative programs and services, including outage announcements and updates, usage notifications and courtesy termination calls if you check "NO."		YES
		NO			NO			NO			NO
Email Address:						Email Address:					
Mailing Address for Billing (Street No., Street, City, State, Zip):						Applicant Previous Mailing Address (Street No., Street, City, State, Zip):					

Please allow up to 3 business days from the requested start date for connection of an existing service location.

YOU WILL BE CONTACTED BY PHONE OR E-MAIL WITH YOUR ACCOUNT NUMBER, TOTAL FEES DUE (WHICH MAY INCLUDE A SECURITY DEPOSIT AND/OR CONNECTION FEES), AND PAYMENT METHODS.

Applicant Signature:		Date (mm/dd/yyyy):		Co-Applicant Signature:		Date (mm/dd/yyyy):	

Remarks:

Please enroll me in Paperless Billing and send my monthly bill to my email address.

Terms and Conditions: By submitting this application, you acknowledge that you have read this agreement, that you understand it and its terms and conditions, that you agree to be bound legally by it and its terms and conditions; and that you affirm the following: I agree to pay all applicable charges related to the establishment of my account, including membership fee and deposit; I agree to timely pay for electricity that is provided to me, otherwise my electric service may be discontinued; I agree that the Cooperative is not responsible for interruptions or changes in my electric service; I agree to grant or secure for Cooperative, at my own expense, necessary easements and rights of way on property owned or controlled by me and to provide suitable space on such premises for installation of facilities where such rights of way and space are necessary to provide electric service to me; I grant Cooperative's representatives, employees, and assigns rights of ingress and egress to any premises that I own or control at

all reasonable times for all Cooperative purposes; I agree that the Cooperative has the right to construct electric facilities, and to cut, trim, treat, or remove vegetation as necessary on property owned or controlled by me; I agree to abide by the Cooperative's Tariff and other documents affecting my membership in the Cooperative; I agree to provide the Cooperative updated phone number(s) in the event my phone number(s) change; I agree that the Cooperative may utilize the email address I provide for any Cooperative-related purpose; and I certify that all information I have provided in my application for service is true and correct. By submitting this application, you acknowledge that you have read this agreement; that you understand it and its terms and conditions; that you agree to be bound legally by it and its terms and conditions; and that you affirm all of the foregoing statements.