

Application For Electric Service

	Date:		
Residential: Please Print:			
Last Name (1):	First Name:		Middle Initial:
Last Name (2):	First Name:		Middle Initial:
Business Name:			
Owners Name:			
Mailing Address:			
City:	State:	Zip	Code:
METER NUMBER (Required):			
SOCIAL SECURITY NUMBER (Required: * <u>Pl</u>	ease provide VERBAL or On a se	parate piece of pa	aper-to be returned to you
Drivers Lic/ID No. (Required) :		Sta	ate:
Physical Address:			
Phone No(s):			
Home: Email Address (For – Alerts & Reminders:)	Cell:	Busine	
Name of Land Lord:	Securit	y Light #	Pole #
1 APPLICANT AGREES TO COMPLY WITH AND BE COOPERATIVE AND SUCH RULES AND REGULATION ELECTRIC SERVICE SHALL CONTINUE IN FORCE FROM THEREFORE, UNTIL CANCELLED BY AT LEAST 3 DAYS 2. APPLICANT AGREES TO PAY COOPERATIVE ALL A can provide a good letter of credit from another electromagnetic construct reasonable facilities and to o	S MAY FROM TIME TO TIME BE ADOPTI M THE DATE THE SERVICE IS MADE AVAI S WRITTEN NOTICE GIVEN BY EITHER PA APPLICABLE FEES AND A DEPOSIT (unles ectric company). THE UNDERSIGNED AG	ED BY THE COOPERAT LABLE BY THE COOPI RTY TO THE OTHER. s applicant has a curr REES THAT THE COO	TIVE. THE CONTRACT FOR ERATIVE TO THE APPLICANT, AN rent account in good standing or PERATIVE SHALL HAVE THE RIGH
Signature:			

Revised: C. Mtz 08/05/20