



Customer Information for Electric Service and Membership

Date:

Type of Account: <input type="checkbox"/> Residential Applicants Name: <hr/> Joint Applicant's Name: <hr/> <input type="checkbox"/> Commercial Business Name: <hr/> Owner/Contact Name and Title: <hr/> <p>Provide DL# and SSN or Tax ID to Clerk for input</p>	Membership Type: <input type="checkbox"/> Individual <input type="checkbox"/> Husband and Wife <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Political Subdivision <input type="checkbox"/> School <input type="checkbox"/> Municipality <input type="checkbox"/> Joint Application <input type="checkbox"/> Other (specify) Land Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent, Property Owner's Name if rented
Mailing Address: _____ City, State and Zip Code: _____	
Phone Numbers: Home: _____ Cell: _____ Work: _____ Fax: _____ Email: _____	
Physical Address (County issued): _____ _____ _____	
Meter Number (REQUIRED unless new service): _____	Nearest Pole or Meter Number if New Service: _____
Membership: Are you currently a Member? YES <input type="checkbox"/> No <input type="checkbox"/>	

