

Application for Electric Service

(PLEASE PRINT ALL INFORMATION)

Start Service/Transfer Service Add Name/Change Name

Effective Date: ___/___/___

<p>Type of Service:</p> <p><input type="checkbox"/> Residential Permanent(Proof of Residency Required)</p> <p><input type="checkbox"/> Residential Non-Permanent</p> <p><input type="checkbox"/> Commercial(A1, A2, A3)</p> <p><input type="checkbox"/> Other</p>	<p>Proof of Residency Please check two:</p> <p><input type="checkbox"/> Utility Bill Mailing Address</p> <p><input type="checkbox"/> Driver's License/State ID</p> <p><input type="checkbox"/> Lease Agreement(Required for Renters)</p> <p><input type="checkbox"/> Certification(Signed)</p> <p>CPUC rules Schedule D & Rule No. 3 Sheet 950-E & 1094-E</p>	<p>Type of Account(For Business Only):</p> <p><input type="checkbox"/> Sole</p> <p><input type="checkbox"/> LLC(Limited Liability Company)</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Other</p>
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New Service Address

Address:		
City:	State:	Zip:
Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent		

Previous Service Address

Address:		
City:	State:	Zip:

Applicant

Name:		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Other Phone:
SSN or EIN:	Driver's License/State ID:	
Email Address:		

Other Adult(s) on Premise

Name:		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Other Phone:
SSN or EIN:	Driver's License/State ID:	
Email Address:		

Certification

I certify that I have read and understand this application for service. In addition, that the information contained in this statement is correct and I understand that falsification of this information or material omission may result in a reassignment to a proper customer classification.

Signature:	Date:
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Emergency Contact

Name:	Phone:
Approved By(For Office Use Only):	