## BEAR VALLEY ELECTRIC SERVICE A DIVISION OF GOLDEN STATE WATER COMPANY 42020 GARSTIN ROAD /P.O. BOX 1547, BIG BEAR LAKE CA. 92315 909-866-4678 FAX 909 866-5056

Application for ELECTRIC Service		
То:	FAX #:	DATE:
IF YOU ARE AN EXISTING CUSTOMER OF BEAR VALLEY ELECTRIC SERVICE, YOU WILL BE INFORMED IF A DEPOSIT IS REQUIRED. FOR NEW		
CUSTOMERS, WE REQUEST EITHER A LETTER OF CREDIT FROM A CURRENT ELECTRIC OR GAS UTILITY, A GUARANTOR, OR A DEPOSIT OF		
TO TURN ON OR TRANSFER SERVICE.     (PLEASE PRINT ALL INFORMATION)     *Proof of Residency		
Type of Service:		* Proof of Residency *Residency Proof verified:
Effective Date:		Please Check Two:
Residential Permanent (*Proof of Residency Required)       Non Permaner         Commercial A-1       Commercial A-2         Other       Other		anent1)Utility bill mailing address 2)Drivers License/State ID 3)Lease Agreement 4)Certification (Signed)
Customer Name:		CPUC Rules Sch. D & Rule No.3
Last: First:		Sheet 950-E & 1094 E
Service Address:	City:	Own: Rent:
Mailing	Home Telephone: Fax:	
Address:	()	)
		hone:
(City) (State) (Zip)	() Cell Telephone:	
(	()	
Social Security No:         Drivers License No:         State Issued:		No: State Issued:
Or Federal ID #:		
Employer Name: Employer Address:	Employer Telep	bhone No:
Job Title: Years Employed:		
Current / Previous Service Address:		
Spouse / Other Adult Name:		
Last: First:		
Social Security No: Drivers License No:		
Employer Name: Employer Address:	Em	ployer Telephone No:
Job Title: Years Employed		
Certification	•	Type: (For Business Accounts)
I certify that I have read and understand this application for service.		
In addition, that the information contained in this statement is correct		
and Lunderstand that falsification of this information or material		Information verified by:
omission may result in a reassignment to a proper customer		<ul> <li>1) Corporate Documents</li> <li>2) Business License</li> </ul>
classification.		<ul> <li>3) Factious Name Statement</li> <li>4) Outlifiesting</li> </ul>
		4) Certification
Signature: Date:		
IN CASE OF EMERGENCY AT THIS PROPERTY, CONTACT:		Telephone Number: ( )