

FORM NO. 1
APPLICATION FOR ELECTRIC SERVICE

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		
To: _____	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) Type of Service: _____ Residential Permanent (*Proof of Residency Required) _____ Non Permanent _____ Commercial A-1 _____ Commercial A-2 _____ Commercial A-3 _____ Other Customer Name: Last: _____ First: _____		*Proof of Residency *Residency Proof verified: _____ Please Check Two: ___1) Utility bill mailing address ___2) Drivers License/State ID ___3) Lease Agreement ___4) Certification (Signed) CPUC Rules Sch. D & Rule No.3
Effective Date: _____		
Service Address: _____	City: _____	Own: _____ Rent: _____
Mailing Address: _____ _____ (City) (State) (Zip)	Home Telephone: _____ () () _____ Message Telephone: _____ () _____ Cell Telephone: _____ () _____	Fax: _____ () _____
Employer Name: _____ Employer Address: _____		Employer Telephone No: _____
Job Title: _____ Years Employed: _____		
Current / Previous Service Address: _____		
Spouse / Other Adult Name: Last: _____ First: _____ Drivers License No: _____		
Employer Name: _____ Employer Address: _____		Employer Telephone No: _____
Job Title: _____ Years Employed: _____		
Certification <i>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.</i> Signature: _____ Date: _____		Type: (For Business Accounts) ___ Sole ___ LLC ___ Corp ___ Other Information verified by: _____ ___1) Corporate Documents ___2) Business License ___3) Factious Name Statement ___4) Certification
IN CASE OF EMERGENCY AT THIS PROPERTY, CONTACT: _____		Telephone Number: _____ () _____

Advice Letter No. 278-E
 Decision No. _____

ISSUED BY
R. J. SPROWLS
 President

Date Filed: _____
 Effective Date: _____
 Resolution No. _____