

**STEAMBOAT**

**Physical & Mailing:** 2211 Elk River Road Steamboat Spgs, CO 80487

**Fax:** 970-871-2271

**Phone:** 970-879-1160

**Email:** billing@yvea.com

**CRAIG**

**Mailing:** 3715 E. US 40 Craig, CO 81625

**Fax:** 970-871-2271

**Phone:** 970-879-1160

**Email:** billing@yvea.com

**YAMPA VALLEY ELECTRIC ASSOCIATION, INC.  
ELECTRIC SERVICE REQUEST**

**PLEASE PRINT**

(Check which service you are seeking:)

**DISCONNECT**

**CONNECT**

**NEW CONSTRUCTION**

TODAY'S DATE: \_\_\_\_\_ SERVICE EFFECTIVE DATE : \_\_\_\_\_

APPLICANT: \_\_\_\_\_

Last

First

Middle Initial

Social Security or Tax ID #

SPOUSAL APPLICANT: \_\_\_\_\_

Last

First

Middle Initial

Social Security #

IN CARE OF: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICAL ADDRESS OF SERVICE: \_\_\_\_\_ Lot # \_\_\_\_\_

CHECK APPROPRIATE TYPE OF SERVICE: COMMERCIAL  OR RESIDENTIAL

CONDO/TOWNHOME/APT. NAME: \_\_\_\_\_ UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHECK THE APPROPRIATE BOX: I AM THE OWNER  OR I AM A RENTER

IS THIS A 30 DAY OR LESS RENTAL UNIT: YES  OR NO

PREVIOUS PERSON AT THIS LOCATION (IF KNOWN): \_\_\_\_\_

The Applicant agrees to be responsible for the electric charges at the location designated above until such time that the Applicant requests and receives discontinuance of service. It is agreed that all bills will be paid by the appropriate due date and failure to do so may result in discontinuance of service. This Application for Electric Service shall constitute a service contract between the Applicant and the Association, a grant of security interests in applicant's future capital credits, and the Applicant agrees to be bound by the Bylaws, Rules and Regulations of the Association. The applicant agrees that any information contained in this request may be used to collect on a delinquent account. The Applicant also agrees to pay late fees (penalty interest) of 1.5% per month on all delinquent charges until paid in full, and agrees to promptly reimburse the Association for all collection costs and attorney's fees incurred by the Association to collect delinquent amounts owed on Applicant's account after default. **Unless the "NO" box is checked immediately below, Applicant agrees to participate in YVEA's Round-Up Program so that each monthly bill will be rounded up to the next dollar and the accumulated round-up funds will be given to YVEA's Caring Consumers Foundation dba/Operation RoundUp for distribution for charitable purposes.**

No, I elect not to participate in YVEA's Round-Up Program.

Yes, I want to participate in YVEA's Automated Bank Draft Payment program (additional form required).

Employer: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant's Driver License # \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

The Applicant certifies that the information provided is true and accurate:

Signature of Applicant: \_\_\_\_\_

Remarks:

**FOR YVEA OFFICE USE ONLY:**

Ser. Map Loc #: \_\_\_\_\_

Security Deposit Amount Required: \$ \_\_\_\_\_

Previous YVEA Account #: \_\_\_\_\_

Meter #: \_\_\_\_\_ YVEA Member #: \_\_\_\_\_

Connect Fee: \$ \_\_\_\_\_