

Central Electric Power Association

Application for Service

APPLICANT:

- Joint Membership
 Single Membership
 Existing Membership

APPLICANT NAME: _____ SPOUSE NAME: _____
SOC SEC NO: _____ SOC SEC NO: _____
DATE OF BIRTH: _____ DATE OF BIRTH: _____
EMPLOYER: _____ EMPLOYER: _____
EMPLOYER'S ADDRESS: _____ EMPLOYER'S ADDRESS: _____
WORK PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ CELL PHONE: _____
CURRENT PHONE WHERE CUSTOMER CAN BE REACHED: _____
NAME OF CLOSEST RELATIVE AND PHONE NUMBER: _____
PREVIOUS ADDRESS: _____

Are you currently provided electric service by Central Electric Power Association? Yes No
If no, have you been served by Central Electric Power Association? Yes No

Service Location Information

911 Address (required): _____
911 Address may be obtained from your local Emergency Operations Center or 911 Addressing Office
Mailing Address: _____
Address where the electric bill is to be sent
Phone Number: _____ Within city limits? YES NO
If not available, please provide to Central Electric when active
Name of Nearest Neighbor: _____
If unknown, please provide driving directions to the location on the reverse side of this form

Type of Service:

- House:
 Mobile Home: County: _____ Tax Registration: _____ At location now? _____
 Apartment:
 Business:
 Barn, Shed, Shop:
 Temporary to Build:
 Other: _____

Property Ownership: Owned by Applicant Rent Lease/Purchase Other

Type of Heating to be used: Electric Propane Natural Gas Other

Signature of Applicant

Signature of Co-Applicant or Spouse

Date _____

Date _____