

APPLICATION FOR ELECTRIC SERVICE

Name(s): _____

Service Address: _____

Apartment Number: _____ Multi-family (floor): _____

Mailing Address (if different from above): _____

Home Telephone Number: _____ Cellular Phone: _____

E-mail Address: _____ Requested Date of Service: _____

For Rental Property:

Property Owner's Name: _____ Telephone Number: _____

Property Owner's Address: _____

Employment:

Employed by: _____ Telephone Number: _____

Address: _____

Social Security Number: _____ Driver ID Number: _____

Credit Information:

	Credit Reference	Account Number	Telephone Number
1)	_____	_____	_____
2)	_____	_____	_____

I hereby apply for electric service and agree to take such service from Pascoag Utility District in accordance with the Terms and Conditions on file with the Rhode Island Public Utilities Commission. A copy of the Terms and Conditions is available at the District office, 253 Pascoag Main Street, Pascoag, RI. If my account becomes delinquent, I agree to pay all costs of collection, including all reasonable attorneys' fees and costs. I acknowledge that I have received a welcome package explaining the Terms and Conditions.

I further authorize Pascoag Utility District ("Pascoag" or "District") to contact my employer to verify my employment and to contact the credit references listed above

Customer's Signature: _____ Date: _____

For Company Use Only:

Account Number: _____ Deposit: _____ Application Date: _____

Verified by: _____ Approved by: _____ Date: _____