Electric Service Application

RESIDENTIAL / SOLE PROPRIETORSHIP

Service Address Information:

Purpose of application: New Service ☐ New Construction ☐ Transfer ☐

Service Address: _____

Is there more than one meter at this location? Yes ☐ No ☐ Date to start service: _____

Account Information:

Name: _____ Primary Phone: _____

Social Security Number: _____-_____-_____ Date of Birth: _____

Drivers License or Passport: _____

Place of Employment: _____

Spouse: _____ SS/DL# : _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email address if you wish to provide: _____

Roommate Information:

Name: _____ Primary Phone: _____

Name: _____ Primary Phone: _____

Name: _____ Primary Phone: _____

Contact Information:

Contact person not living with you with whom we can discuss your account information:

Name: _____ Primary Phone: _____

Relationship: _____

In compliance with Federal Law under the Fair Accurate Credit Transactions Act (FACTA), and Public Utility District No. 1 of Franklin County (Franklin PUD) Identity Theft Prevention Program, customers are required to provide a valid social security number or a valid government issued photo identification (Driver's License or Passport) at the time of this application.

I hereby authorize Public Utility District No. 1 of Franklin County to furnish my premises with electric energy, subject to all of the provisions of PUD Owner's Manual – Rules and Regulations for Electric Service and Rate Schedules now existing or hereafter adopted, copies of which are available for inspection at all times at the District office, and agree to pay all charges as provided for therein and that the obligations of the parties are covered thereby. This application shall automatically grant the District the right to access upon the property for performance of the District's services. I understand that a deposit, between $50 - $350, may be charged to my account and billed on the first invoice, and if I need to make payment arrangements, I will contact the office at 509-547-5591.

I certify the above information is correct.

Signature: _____

Signature: _____

FOR INTERNAL USE: ☐ Validated SSN ☐ Verified Picture ID (issued by _____)
Name of government agency issuing ID

CSR Initials/Date _____/_____