



MEMBER INFORMATION SHEET

Residential Commercial

Property Owner /
Membership Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Primary Phone: _____

Secondary Phone: _____

How would you like to receive your bill: Print E-Bill Both

I acknowledge that all approved service applications and cost of service fees quoted by the Corporation shall stand approved as quoted for a period not to exceed 30 calendar days. After 30 calendar days the applicant shall re-apply for service under the terms of the Corporation's Tariff under Service Rules and Regulations Section D, Subsection C, Section (3) Requirements for Standard and Non-Standard Service.

I further acknowledge that if the Transfer is not complete within 30 days the meter will be locked until all conditions of service have been met and the reconnect fee is paid.

Signature: _____ Date: _____