

Central Electric Power Association

Application for Service

APPLICANT :

- Joint Membership
 Single Membership
 Existing Membership

APPLICANT NAME: _____
SOCIAL SECURITY NO.: _____
DATE OF BIRTH: _____
EMPLOYER: _____
EMPLOYER'S ADDRESS: _____

WORK PHONE NUMER: _____
CELL PHONE NUMBER: _____
E-MAIL ADDRESS: _____
BEST PHONE NUMBER WHERE YOU CAN BE REACHED: _____
NAME OF CLOSEST RELATIVE AND PHONE NUMBER: _____
PREVIOUS ADDRESS: _____

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PREVIOUS ADDRESS: _____

Are you currently provided electric service by Central Electric Power Association?

If no, have you ever been served by Central Electric Power Association?

Service Location Information

Physical Address (required): _____
Physical address may be obtained from your local Emergency Operations center or 911 Addressing Office

Mailing Address _____
Address where you want the electric bill sent

Within city limits? Yes No

Name of Nearest Neighbor: _____

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

Date

Signature of Co-Applicant or Spouse

Date