

# Central Electric Power Association

## Application for Service

APPLICANT :

- Joint Membership  
 Single Membership  
 Existing Membership

Enroll in Paperless Billing

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: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

WORK PHONE NUMER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

E-MAIL 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 \_\_\_\_\_

Signature of Co-Applicant or Spouse \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_