

APPLICATION FOR ELECTRIC SERVICE



Tricounty Rural Electric Cooperative, Inc.

P.O. Box 100, Malinta, OH 43535

Office: 419-256-7900 Fax: 419-256-6581 Email: tricounty-cs@tricountyrec.com

Name of Individual or Company Responsible for Bill: _____

Mailing Address: _____ **City:** _____ **State** _____ **Zip Code** _____

Email: _____ **Spouse's Name:** _____

Home Phone: _____ **Cell Phone:** _____

Service

Information: _____
County Address City

Service is For: Residential Existing Service
 Commercial New Construction
 Other (Explain)

Do you presently have service with us? If so, where? _____

Is this property: Owned Land Contract Rented
Landlord's Name and Telephone No.: _____

Date Service is to be Connected or Transferred: _____

I/we hereby authorize an account to be established in my/our name at the above service address and agree to pay for said service in accordance with the Cooperative's rates, terms, and conditions.

I/we agree to purchase electric power and energy from the Cooperative and comply with and be bound by the Articles of Incorporation, Code of Regulations, and any rules and policies adopted by the Board of Trustees of the Cooperative.

Date Signed: _____ **Signature of Applicant:** _____

Signature of Spouse: _____

NOTE: TO INSURE CONTINUANCE/ESTABLISHMENT OF ELECTRIC SERVICE, THIS APPLICATION MUST BE COMPLETED AND RETURNED TO US WITHIN 10 DAYS FROM DATE SERVICE IS NEEDED.

FAILURE TO RETURN COMPLETED APPLICATION WILL RESULT IN THE SERVICE BEING DISCONNECTED AND SUBJECT TO SERVICE FEES WHICH MUST BE PAID BEFORE SERVICE CAN BE RECONNECTED.

DO NOT WRITE BELOW THIS LINE

Account No.: _____ Date Connected: _____ Membership No.: _____

Deposit Required: _____ Paid By: Cash Check Money Order