NEW APPLICANT CHECKLIST

Date		Time	District	
Coun	nter	Lineman		
1 .	Name service will be in:			
2.	Person you are talking with:			· · · · · · · · · · · · · · · · · · ·
3.	Telephone #: 4. Work telephone #:			
5 .	Social Security #:	ciał Security #: Spouse's Soc: Sec. #		
6.	Mailing Address:	Address:		
7.	Has applicant or spouse had s	ervice with us before? Is there	a balance owed? Yes \$	No
8.	Is this a new or existing service	97	Temp Yes	No
9.	Do you own the property? If yes, we need ROW easement If no, we need ROW easement			
from	property owner. Who is prope	rty owner?		
10.	Name service was in last.	Ba	lance Owed Yes \$	No
11.	Is the service all electric?	House Mo	bile Home	_Camp
	Pump Barn Business(kind) Do you want yard light? Where			
12.	Are lights on now? How far is service from existing line? Inspection Sticker			
13.	Nearest neighbor:			
14.	If trailer, is meter loop pole up?	7	· · · · · · · · · · · · · · · · · · ·	
15.	Cover type of pole: 18 ft. treated pole 4 ft. in ground and 14 ft. out			
	When will meter loop be finished	ed?		
16.	Collect the membership fee - \$	\$5.00, deposit -\$, and get application siç	gned
	Or find out when someone will be at home to do these things.			
17.	Who did you notify about the new service? What action did they say they would take and service be connected?			
18.	Time and date reported to field	f personnel:		
	are due upon receipt and deli Irned with your payment each	inquent after the 20th of each mont month.	h. This right side of your bi	ll should be
Signature		Employee		
District Supervisor		Application Mailed	d/Faxed Date Receiv	ved