



PEND OREILLE PUBLIC UTILITY DISTRICT

P.O. Box 190, 130 N. Washington Avenue, Newport, WA 99156

(509) 447-3137

FAX (509) 447-6370

APPLICATION FOR SERVICE

S E R V I C E	<input checked="" type="checkbox"/> Check Services Needed	Date of Application: _____									
	<table> <tr> <td>check one</td> <td><input type="checkbox"/> Electric</td> <td><input type="checkbox"/> Water</td> <td></td> </tr> <tr> <td>check one</td> <td><input type="checkbox"/> Residential</td> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> Industrial</td> </tr> </table>	check one	<input type="checkbox"/> Electric	<input type="checkbox"/> Water		check one	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial		
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check one	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial								

G E N E R A L	Name _____	Date Service Desired _____
	Other Names to be on Account _____	Owner of Property _____
	Service Location _____	SS#/Tax ID# _____
	Mailing Address _____	Phone (Home) _____
	City/State/Zip _____	Employed By _____
	E-Mail Address: _____	Phone (Work) _____

R E F E R E N C E S	Have you even been our customer before? Yes <input type="checkbox"/> No <input type="checkbox"/>	When? _____
	Emergency Contact Persons:	
	Name _____	Name _____
	Address _____	Address _____
	Phone _____	Phone _____

The undersigned hereby applies for service at the premises described above, and agree(s) to pay the established rates and fees now in force or hereafter modified by the District. The applicant(s) agree(s) to provide photo identification when opening account in person or to provide a notarized signature on applications accepted remotely. Applicant has fourteen (14) days to provide this information, or account will be terminated. Service will continue until the District is notified to terminate or upon action as taken by the District for nonpayment of the account(s) in accordance with District policies. In the event action is taken by the District to collect any delinquency in payment, venue shall rest in Pend Oreille County, Washington, and the applicant(s) agree(s) to pay all amounts due, including but not limited to, late charges, interest, and any reasonable sum as attorney fees and costs associated with any such action as outlined in the Credit and Service Policy. **I HAVE RECEIVED A COPY OF THE CREDIT AND SERVICE POLICY AND AGREE TO THE TERMS AND CONDITIONS THEREIN.**

SIGNED _____ DATE _____

SIGNED _____ DATE _____

State of _____, County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument. Date: _____ Signature _____

My appointment expires _____.

For Office Use Only

Customer No. _____ Route _____ Stop _____ Property No. _____

Deposit Amount _____ Processed by _____

PLEASE SIGN COMPLETED FORM AND RETURN BY MAIL, FAX, OR IN PERSON