



# Slash Pine EMC

Electric Membership Corporation

Office Use Only	
Pd _____	Date _____
Acct # _____	By _____

Date \_\_\_\_\_

## Application for Electric Service

1 - Name \_\_\_\_\_

2 - Mailing Address \_\_\_\_\_  
Street / Road Town State Zip

911 Address \_\_\_\_\_  
Assigned No. and Street / Road

3 - SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Phone \_\_\_\_\_

4 - Employed By \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ Contact \_\_\_\_\_

5 - Spouse \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Employed By \_\_\_\_\_ Phone \_\_\_\_\_

6 - Name of Electric Company in which you presently receive service: \_\_\_\_\_

7 - Have you ever had service with Slash Pine EMC? (check one)  Yes  No If yes, When \_\_\_\_\_

8 - Name of the county in which your service is to be located \_\_\_\_\_

9 - Is there an electric service line existing at this location?  Yes  No

10 - Do you Rent or Own your home? \_\_\_\_\_

11 - Landlord Name (Required) \_\_\_\_\_ Phone \_\_\_\_\_

**Renters MUST PROVIDE a copy of their lease agreement and most current dated rent receipt**

12 - Type of Service (check one)

Residential  Business  Other (please explain) \_\_\_\_\_

13 - Type of Home Heating (check one)  Electric  Natural Gas  Propane Gas

14 - Type of Water Heater (check one)  Electric  Natural Gas  Propane Gas

15 - Would you like to rent a security light?  Yes  No If yes, one year agreement is required

The Cooperative does not guarantee continuous and uninterrupted electric service and will not be liable for loss or damages to any consumer's equipment or property caused by any failure to supply electricity or by an interruption or reversal of the supply of electricity if due to any cause beyond the reasonable control of the Cooperative.

I, \_\_\_\_\_ (applicant), understand the failure to provide true and correct information will result in electric service to either not be established and/or disconnected.

Signed \_\_\_\_\_ Date \_\_\_\_\_