

TRICOUNTY RURAL ELECTRIC COOPERATIVE, INC.

P. O. Box 100, Malinta, OH 43535
Fax 419-256-6581 or tricounty-cs@metalink.net

APPLICATION FOR ELECTRIC SERVICE

Billing

Information: _____
Name of Individual or Company Responsible for Bill

Mailing Address

City

State

Zip Code

Spouse's Name _____ **Telephone No.** _____

Service

Information _____

County

Location

Road Address

City

Service is For: _____ Residential
_____ Commercial
_____ Other (explain)

_____ Existing Service
_____ New Construction

**Date Service is Needed
or to be Connected:** _____

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

Is this property: _____ Owned _____ Land Contract _____ Rented

Landlord's Name and Telephone No.: _____

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.

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DO NOT WRITE BELOW THIS LINE

Account No. _____ Date Connected _____ Membership No _____

Deposit Required _____ Paid by: _____ Check _____ Cash