



# LASSEN MUNICIPAL UTILITY DISTRICT

65 S. ROOP STREET \* SUSANVILLE, CA \* 96130

(530) 257-4174 \* FAX (530) 257-2558

## REQUEST FOR ELECTRIC SERVICE FOR COMMERCIAL, AGRICULTURAL PUMP OR BUSINESS ACCOUNT

Please provide the following information so that your request may be processed:

SERVICE ADDRESS: \_\_\_\_\_ METER NUMBER: \_\_\_\_\_  
(Location of Meter or Address of Building, etc)

PRIMARY OWNER/AGENT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
(If different from above)

BILLING ADDRESS: \_\_\_\_\_  
(Where you would like us to mail the statements and/or other information)

CONTACT PHONE NUMBER: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

OWN  RENT LANDLORD'S NAME \_\_\_\_\_ LL PHONE \_\_\_\_\_

### CREDIT INFORMATION:

**CORPORATE TAX ID #**  
(If the business is a Corporation, the Tax ID Number for the corporation will be used for credit purposes)

CORPORATE ADDRESS: \_\_\_\_\_

--OR--

### INDIVIDUAL(S) RESPONSIBLE FOR PAYMENT OF ACCOUNT (GUARANTOR):

**PRIMARY :** \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVER'S LICENSE OR ID NUMBER: \_\_\_\_\_ STATE \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_ Wk Phone \_\_\_\_\_

**SPOUSE/CO-APP:** \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVER'S LICENSE OR ID NUMBER: \_\_\_\_\_ STATE \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_ Wk Phone \_\_\_\_\_

CLOSEST RELATIVE: \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

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PERSONS AUTHORIZED TO DISCUSS INFORMATION REGARDING THIS ACCOUNT:

\_\_\_\_\_  
\_\_\_\_\_

**A Connection Fee of \$25.00 will be charged for all connect or transfer requests involving an existing meter.\*\***

**DEPOSIT**

\$\_\_\_\_\_ Deposit Amount (Two times average consumption at the service location for all services. Surety Bond may be **required** for accounts exceeding \$10,000 monthly consumption)

**METHOD OF PAYMENT OF DEPOSIT**

- Cash or Cash Equivalent
- Surety Bond \_\_\_\_\_  
(Expiration Date)
- Other Acceptable Non-Cash Guarantee \_\_\_\_\_  
(Description)

I hereby apply for a waiver of the deposit and authorize that LMUD perform a credit check in accordance with applicable policy(ies).

\_\_\_\_\_  
(Signature of Authorized Applicant)

- Authorization of Waiver of Deposit \_\_\_\_\_  
(CSR Initial)

I hereby apply for electric service to be supplied at the premises noted hereon, and promise to purchase and pay for same in accordance with the rates which shall from time to time be legally in effect, and to conform to and abide by the LMUD rules and regulations in force relating to the purchase of sale of said service.

Applicant further agrees to pay all bills, in accordance with the LMUD terms of sale. Should suit be brought or legal action taken on same by an attorney or collections, applicant promises to pay a reasonable fee for such action, including all costs of the court, and attorney's fees to the extent found by the court to be reasonable under the circumstances.

\_\_\_\_\_  
Signature (INDIVIDUAL RESPONSIBLE FOR PAYMENT OF ACCOUNT)

\_\_\_\_\_  
Date

**PLEASE NOTE: WHERE SERVICE IS BEING REQUESTED VIA AN EXISTING METER, SERVICE WILL BE MADE AVAILABLE WITHIN THREE (3) BUSINESS DAYS FOLLOWING FULFILLMENT OF ALL REQUIREMENTS OF THE DISTRICT (INCLUDING DEPOSIT OR APPROVAL OF WAIVER OF DEPOSIT REQUIREMENTS) AND THE ACCEPTANCE OF THE APPLICATION FOR SERVICE (OR AS SOON THEREAFTER AS DESIRED).**

**\*\*REQUESTS FOR NEW CONSTRUCTION OR UPGRADES MUST BE MADE VIA AN APPROPRIATE APPLICATION. PLEASE USE THE APPROPRIATE FORM FOR THESE REQUESTS. (Forms available on the LMUD website or by contacting our office)**