



FOR COMPANY USE ONLY

Loc # _____ - _____ - _____
Read In Acct # _____
Deposit Amt \$ _____
CSR _____

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)

DATE SERVICE NEEDED: (Please allow 24 hours, not including Holidays or weekends) _____

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:

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: _____
PHONE: _____

--OR--

CORPORATE TAX ID #

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

CORPORATE ADDRESS: _____

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)
- Authorization of Waiver of Deposit _____
(CSR Initial)

I authorize LMUD to perform identity verification. I further authorize LMUD to conduct a credit check to determine eligibility for a waiver of the required deposit(s) in accordance with applicable policy(ies).

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. I understand that it is my responsibility to notify LMUD if I no longer wish to receive service, and acknowledge my responsibility for any charges incurred until such notification has occurred under the terms and conditions in effect.

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 (BY AUTHORIZED INDIVIDUAL OR INDIVIDUAL RESPONSIBLE FOR PAYMENT OF ACCOUNT)

Date

Signature (INDIVIDUAL RESPONSIBLE FOR PAYMENT OF ACCOUNT) (CO-APPLICANT)

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)**