



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 RESIDENTIAL 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) (If correct address is not known)

DATE SERVICE NEEDED (Please allow 24 hours, not including Holidays or weekends) \_\_\_\_\_

PRIMARY NAME ON ACCOUNT: \_\_\_\_\_  
(As you would like billing to appear)

SPOUSE OR CO-APPLICANT NAME: \_\_\_\_\_  
(All credit information is required in order to have a spouse or co-applicant added to the account)

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

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

### CREDIT INFORMATION:

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

#### PRIMARY :

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

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

#### SPOUSE/CO-APP:

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

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

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

PERSONS AUTHORIZED TO DISCUSS INFORMATION REGARDING THIS ACCOUNT IN ADDITION TO GUARANTOR(S):

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

(CONTINUED ON PAGE 2)

**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)

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<input type="checkbox"/>	_____ (CSR Initial) Verification of Applicant/Co-applicant Identity
<input type="checkbox"/>	_____ (CSR Initial) Deposit Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____
<input type="checkbox"/>	_____ (CSR Initial) Authorization of Waiver of Deposit

**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 (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 IDENTITY VERIFICATION, 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)**