LMUD

CONNECT DATE					
Month		Day		Year	

Date	Prepared by

☐ APPLICATION FOR NEW SERVICE

☐ APPLICATION FOR UPGRADE

ACCOUNT No. ___ – ___ – ___

Service Address

CUSTOMER No.

CUSTOMER'S NAME Enter as Last Name, First Name, Middle Name

SPOUSE

MAILING ADDRESS

City State Zip

HOME PHONE NUMBER

WORK PHONE NUMBER

METER IN

METER NUMBER		IN READ	MULTIPLIER	RATE CODE
MFR	SERIAL			

AREA LIGHT SET?

☐ YES ☐ NO

SIZE _____

A/L # _____

Phs/ Gas	Dem. Req'd	CONNECTED LOAD

ROUTE NO.
STOP NO.

COMMENTS _____

Work Completed By _____ Deposit Date _____

$ _____

Date _____ Time _____

Paid _____

Bill _____

CREDIT INFORMATION

Employer/Address

Mr.

Mrs.

Social Security No. Mr.	Social Security No. Mrs.

Previous Addres How Long

Closest Relative Rlationship

Address City State

Driver's License No. Birth Date

MR. MRS.

APPLICANT AGREEMENT

At the time this application is submitted to LMUD, it is the Customer/Developer's responsibility to notify LMUD in writing if there are any County, City, or State ordinances or restrictions that require utilities for your project to be installed underground. Failure to provide this information in advance of any engineering or construction by LMUD will require the Customer/Developer to be fully liable for any costs associated with any re-engineering or design, relocation or removal of electric facilities installed by LMUD.

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 and sale of said service.

Applicant 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 of Applicant