

Short Form Application for Service

Alaska Electric Light and Power Company
 5601 Tongsgard Ct., Juneau. AK 99801-7201
 (907) 780-2222

New Sequence #: _____

Applicant: _____
Last First Initial SSN# Birthdate

Co-Applicant: _____
Last First Initial SSN# Birthdate

Mailing Address: _____
Street/P.O. Box City State Zip

Service Address: _____
Street Apartment #

Applicant Home Phone #: _____

Applicant Work Phone #: _____

Co-Applicant Work Phone #: _____

Date New Service Required: _____

Is the power currently turned on? Yes No

ARE YOU...

The Owner? Agent? Contractor? Harbor? Approved?

The Landlord?

The Tenant? _____
Landlord's name Address Phone #

Is the applicant or co-applicant Tax Exempt? Yes No Tax Exempt #: _____

Is a member of this household considered to be 75% disabled or on a life-support system? Yes No

If your service is subject to disconnection for non-payment, would you like AEL&P to notify someone in addition to yourself? If YES, list this person as a personal reference. Yes No

Name Phone #

I certify that the applicant is the responsible party of the premises for which this application is made. I have lawful authority to sign this application. My signature on this form authorizes AEL&P to conduct a credit check. I declare that the information provided is true, accurate, and complete to the best of my knowledge. The applicant agrees to pay the applicable rates, and abide by the terms and conditions as prescribed by the AEL&P Tariff. **The applicant is responsible for the cost of all services rendered until AEL&P receives notification either in person or in writing for the closing of this account.** The applicant shall pay any costs associated with the collection of any unpaid balance for this and future utility service. AEL&P has the right to collect the full amount owed from any one of the applicants, where application of service is made by two or more individuals.

Signature of Applicant _____ Printed Name _____ Date _____

Signature of Co-Applicant _____ Printed Name _____ Date _____

Previous Service Address: _____

Does this account need to be taken out of your name? Yes No If YES, when? _____

THIS SECTION IS FOR OFFICE USE

Connect Fee? Yes No BD? Yes No

Moving From: Account #: _____ Deposit Amount: \$ _____
 Sequence #: _____

Moving To: NEW RESIDENCE Avg Bill: \$ _____

New Account #: _____ Rate: _____ High: \$ _____
 Deposit Amount: \$ _____ Low: \$ _____

PREVIOUS RESIDENCE

Account #: _____ MSO#: _____ Disconnect Date: _____

BTA? Yes No Sequence #: _____

Meter #: _____ **Initials/Date:** _____

Between Tenant Agreement

Yes No

Sequence #: _____

Name: _____

Continue Easy Pay?

Yes No