APPLICATION FOR SERVICE: *LEGISLATURE*

Alaska Electric Light and Power Company
5601 Tonsgard Ct., Juneau. AK 99801-7201
(907) 780-2222, Fax (907) 780-3571

New Service Order #: _____

Location #: _____

Customer #: _____

Applicant: _____ (Last) _____ (First) _____ (Middle Initial) _____ (Birthdate)

Co-applicant: _____ (Last) _____ (First) _____ (Middle Initial) _____ (Birthdate)

New Service Address: _____ (Street) _____ (Apartment #)

Billing Address: _____ (Street/P.O. Box) _____ (City) _____ (State) _____ (Zip)

Is the power currently turned on? ❑ Yes ❑ No **Date New Service Required:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

ARE YOU THE... ❑ Owner? ❑ Tenant? *If so, fill out landlord information below.*

_____ (Landlord's name) _____ (Address) _____ (Phone #)

- Would you like to sign up for **electronic billing?** ☐Yes ☐No E-mail: _____
- 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
- ***Third Party Designation:*** Is there someone you want to grant **Third Party Designation** to who can get balance information on your account or receive notices of pending disconnections? If so, please list this person below.

_____ (Name) _____ (Phone #) _____ (Your initials)

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

THIS SECTION IS FOR OFFICE USE

Applicant I.D. ❑ ADL ❑ Other _____ Document expiration date: _____

Verified by _____ Date: _____ *Connect Fee?* ❑ Yes ❑ No

Moving To: ***NEW RESIDENCE***

New Account #: _____ Rate: _____ Avg. bill: $ _____ *BD?* ❑ Yes ❑ No

PREVIOUS RESIDENT Deposit Amount: $ _____

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

Revised 5/21/2015