



# Pend Oreille County Public Utility District

Administrative Offices - P.O. Box 190 ♦ Newport, WA 99156 ♦ (509) 447-3137 ♦ FAX (509) 447-5824  
Box Canyon Hydro Project - P.O. Box 547 ♦ Ione, WA 99139 ♦ (509) 446-3137 ♦ FAX (509) 447-6790

## APPLICATION FOR SERVICE

### Service Information

Date Service Desired: \_\_\_\_\_

Services Requested: Check one:→  Electric  Water  
Check one:→  Residential  Commercial  Industrial

### Applicant Information

**Applicant:** \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SS#/Tax ID#: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone (work): \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SS#/Tax ID#: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone (work): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Legal Property Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been a Pend Oreille County PUD customer before?  Yes  No Location? \_\_\_\_\_

### Emergency Contacts- Must list at least one

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned hereby applies for service at the premises described above, and agree(s) to pay the established rates and fees now in force or hereafter modified by the District. The applicant(s) agree(s) to provide photo identification when opening an account in person or to provide a notarized signature on applications accepted remotely. **Applicant has five (5) business days to provide this information, or account will be terminated.** Service will continue until the District is notified to terminate or upon action as taken by the District for nonpayment of the account(s) in accordance with District policies. In the event action is taken by the District to collect any delinquency in payment, venue shall rest in Pend Oreille County, Washington, and the applicant(s) agree(s) to pay all amounts due, including but not limited to, late charges, interest, and any reasonable sum as attorney fees and costs associated with any such action as outlined in the Credit and Service Policy.

**I HAVE RECEIVED A COPY OF THE CREDIT AND SERVICE POLICY AND AGREE TO THE TERMS AND CONDITIONS THEREIN.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_  **Yes! Enroll me in Operation Round Up**  **Yes! I want paperless billing**

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

My appointment expires \_\_\_\_\_

### For Office Use Only

Customer #: \_\_\_\_\_ Route: \_\_\_\_\_ Stop: \_\_\_\_\_ Service Map Location: \_\_\_\_\_ Processed by: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ or Letter of Credit received from: \_\_\_\_\_