



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

Do you think you may qualify to be tribal tax exempt? Yes No

Applicant Information

Applicant: _____ DOB: _____ Phone: _____ Email: _____

SS#/Tax ID#: _____ Employer: _____ Phone (work): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Service Address: _____ City: _____ State: _____ Zip: _____

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

Legal Property Owner: _____ Phone: _____

Yes! Enroll me in Operation Round-Up

Yes! I want paperless billing

Co-Applicant: _____ DOB: _____ Phone: _____ Email: _____

SS#/Tax ID#: _____ Employer: _____ Phone (work): _____

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 is 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.

You agree, in order for us to service your account or to collect any amounts you may owe, that the information provided in this application for service may be used for collections purposes and may be provided to a thirds-party collections agency, and that we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide us. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device, as applicable.

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 _____

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 _____