



Residential Application for Service

Services Requested: ☐ Electric ☐ Water

Are you interested PrePay billing? ☐ Yes ☐ No
Do you think you may qualify to be tribal tax exempt? ☐ Yes ☐ No
Would you like to enroll in Operation Round Up? ☐ Yes ☐ No
Would you like to sign-up for paperless billing? ☐ Yes ☐ No

Applicant #1 Main account holder (financially responsible):

First Name: M.I. Last Name:
Date of Birth: SSN:
Telephone: Email:
Have you ever been a Pend Oreille PUD customer before? ☐ Yes ☐ No
If yes, Service Location: Name on Acct:

Applicant #2 (financially responsible):

First Name: M.I. Last Name:
Date of Birth: SSN:
Telephone: Email:
Have you ever been a Pend Oreille PUD customer before? ☐ Yes ☐ No
If yes, Service Location: Name on Acct:

Additional Authorized Party (to receive account information):

First Name: Last Name: 4444
Telephone: Email:

Service Start Date: (mm/dd/yyyy) ☐ Buying ☐ Renting

Service Address: Unit/Apt #

City: State: Zip:

Mailing Address if different:

City: State: Zip:

Legal property owner (if renting): Telephone:

The undersigned applicant(s) ("Applicant") hereby applies for service at the premises described above and agrees to pay the established rates and fees now in force or hereafter modified by the District, and will be held responsible for usage until the date the District is notified of account termination. Applicant understands and agrees that all services are provided by the District subject to the terms and conditions of the District's Electric Service, Rates and Credit Policy ("Electric Service Policy") and Water Service, Rates and Credit Policy ("Water Service Policy") (and collectively "Service Policies"), as those policies may be amended from time to time in the District's sole discretion. Applicant agrees to provide photo identification when opening an account. Applicant has five (5) business days after occupying the premises to provide all necessary application information, or service will be disconnected. Service will continue until the District is notified to terminate or upon action taken by the District in accordance with the District's Service Policies.

BY SIGNING BELOW, APPLICANT ACKNOWLEDGES THAT THEY HAVE RECEIVED A COPY OF, OR HAVE ACCESS TO (VIA WWW.POPUD.ORG), THE SERVICE POLICIES AND AGREE TO THE TERMS AND CONDITIONS THEREIN, AS MAY BE MODIFIED FROM TIME TO TIME WITHIN THE DISTRICT'S SOLE DISCRETION.

Rev Date: 2/18/2026

Applicant #1 Signature: Date:

Applicant #2 Signature: Date: