APPLICATION FOR ELECTRIC SERVICE FOR RESIDENTIAL CUSTOMER

Application is hereby made to Pitcairn Power to furnish electric service to the applicant below. The applicant agrees to compensate Pitcairn Power for such service at the applicable rates and charges. This application must be completed, signed and returned to authorize the connection of electricity and to service the applicant.

A current photo I.D., and lease or verification of ownership is required at the time of application, and you must also sign the Contract Agreement below.

Turn On Date:

Social Security:

Date:

Driver's License #:

| Applicant Name: | | Billing Address: (O | Billing Address: (Only if different than Service Address) | |
|--|---|---|---|--|
| Service Address: | | | | |
| Home #: Cell #: | | Business #: | | |
| | | Cell #: | Cell #: | |
| If you are a Landlord | , and this electric is for yo | our Tenant, please check | this box | |
| Contract #: | Certificate # | Account # | Deposit Required \$150 | |
| | Pitcairn Borough l | Electric Contract Agree | ment | |
| | pay the electric bill monthly as i | | edule of rates as set-up by the Borough ctricity. | |
| 5 5 | be conclusive for the determining | • | ed by the Borough and it is agreed that the ed by the consumer and from which the | |
| contract, and this deposit wagainst the Consumer are | vill be retained by the Borough as | security during the life of the cone the meter deposit within | lars (\$150.00) at the time of executing the stract, or until a time when all bills charged 2 weeks of the execution of this e. | |
| If the Consumer is a comm | ercial account, the cash deposit w | vill be increased to an amount of a | a comparable monthly electric bill. | |
| | the Borough to set up its meter for the hour for the purpose of reading | | nd grants its employees or agents access moval of its property. | |
| | | | address. The Consumer agrees to notify e a forwarding address for the final bill. | |
| | nct, rental customers unde rough Ordinances 982 and | | ırnished a duplicate bill due | |
| Date: | Cons | umer Signature: | | |