



# TOWN OF OAK CREEK

P.O. Box 128 • Oak Creek, Colorado 80467 • (970) 736-2422

## APPLICATION FOR ELECTRIC SERVICE

TODAYS DATE: \_\_\_\_\_ SERVICE EFFECTIVE DATE: \_\_\_\_\_

CUSTOMER'S NAME: \_\_\_\_\_  
\*MAILING ADDRESS: \_\_\_\_\_  
(Required Field)  
E-MAIL ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS OF SERVICE: \_\_\_\_\_  
PROPERTY MANAGEMENT CO. (IF APPLICABLE) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
PHONE NUMBERS: WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

It is hereby agreed that the undersigned will accept billing and be responsible for the utility charges at the location designated above until such time that the customer requests discontinuance of service. This application for Electric Service shall constitute a service contract between the Applicant and the Town of Oak Creek, and the Applicant agrees to comply with Title 13 of the Oak Creek Municipal Code. If the account is paid by the due date for consecutive 12 months, the deposit will be credited back to the account on the 13<sup>th</sup> month. Information provided herein will be used to communicate with the undersigned including billing, newsletters and other relevant information.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Town of Oak Creek Use

New Account Number: \_\_\_\_\_

Deposit Amount: \$250.00

CASH: \_\_\_\_\_ CHECK # \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

METER# \_\_\_\_\_ RF # \_\_\_\_\_ INITIAL READING \_\_\_\_\_

Fax: (970) 736-8225

Four Seasons Of Fun

clerk@townofoakcreek.com