

MONROE COUNTY ELECTRIC POWER ASSOCIATION

APPLICATION FOR ELECTRIC SERVICE AND MEMBERSHIP

Date _____

Account # _____

Location# _____

Billing Name

Service Address

Mailing Address (If different)

The undersigned (hereinafter called the "Applicant") hereby makes application for Electric Service and Membership at the above address and agrees to purchase energy from Monroe County Electric Power Association (hereinafter called the "Cooperative") upon the following terms and conditions:

1. The Applicant agrees to pay for said service as measured by the Cooperative's meter according to the rate applicable.
2. The Applicant agrees to permit authorized agents of the Cooperative free access to the premises of the consumer for the purpose of inspecting, reading, repairing or removing property of the Cooperative.
3. The Cooperative shall have the right, but shall not be obligated, to inspect any installation before electric service is introduced, or at any later time, and reserves the right to reject any wiring or appliance not in accordance with the Cooperative's standards; but such inspection or failure to inspect or reject shall not be regarded as an insurance against defects in installation, wiring or appliances, or from violation of the Cooperative's Rules and Regulations, from accidents which may occur upon Applicant's premises.
4. The Applicant agrees that this application is subject to the Cooperative's Rules and Regulations, a copy of which is open for inspection at the office of the Cooperative, and these Rules and Regulations are part of the this agreement.
5. I hereby apply for membership in the Monroe County Electric Power Association, and agree if accepted as a member thereof, to conform to the Charter and By-laws of said Cooperative, a copy of which will be made available to me at the office of the Cooperative. I agree to pay for said membership, the sum of Fifty Dollars (\$50.00), payable prior to service connection.

Applicant's Full Name

Applicant's Full Name

Date of Birth

Date of Birth

Social Security Number

Social Security Number

Driver's License or ID Number

Driver's License or ID Number

Home Telephone Number

Cell Number

Cell Number

Place of Employment

Place of Employment

Work Telephone Number

Work Telephone Number

Relative/Reference

Relative/Reference

Phone Number

Phone Number

Applicant's Signature

Applicant's Signature

Sworn to and subscribed before me, this _____ day of _____, 20____ in the county of _____ and the state of _____. WITNESS my hand and seal of the office this _____ day of _____, 20_____.

SEAL

Notary Public

My Commission Expires: _____