

# Gallatin Department of Electricity

## Application for Residential Electrical Service

|  |   |              |                |
|--|---|--------------|----------------|
| Date Service To Be Turned On                     | ____/____/____  | Today's Date | ____/____/____ |
| Address for Service                              | Number _____ Street _____ Apt # _____ Apt. Name _____ |              |                |
| Mailing Address (If different than above)        | Number _____ Street _____ Apt # _____                 |              |                |
| Name, Address & Phone # of Landlord (if Renting) | Name _____ Complete Address _____ Phone # _____       |              |                |
| Address From Which You Have Just Moved           | Complete Address _____                                |              |                |

|   |  |                  |                      |
|---|--|------------------|----------------------|
| <b>Applicant</b>                          |  |                  |                      |
| Name                                      | Last _____ First _____ Middle _____                                |                  |                      |
| Maiden Name                               | _____  | Date of Birth    | ____/____/____       |
| Phone #                                   | ____-____-____   | Cell Phone #     | ____-____-____       |
|   |  | Work #           | ____-____-____       |
| Social Security Number                    | ____-____-____   | Driver License # | ____ ( ) _____ State |
| Email Address                             | _____  |                  |                      |
| Employer                                  | Name _____ Address _____   |                  |                      |
| Relative or Contact (Not Living With You) | Name _____ Relationship _____ Complete Address _____ Phone # _____ |                  |                      |

|  |  |                  |                      |
|--|--|------------------|----------------------|
| <b>Spouse or Co-Applicant</b> (Please Circle Applicable) |  |                  |                      |
| Name   | Last _____ First _____ Middle _____                                |                  |                      |
| Maiden Name  | _____  | Date of Birth    | ____/____/____       |
| Phone #  | ____-____-____   | Cell Phone #     | ____-____-____       |
|  |  | Work #           | ____-____-____       |
| Social Security Number                                   | ____-____-____   | Driver License # | ____ ( ) _____ State |
| Email Address  | _____  |                  |                      |
| Employer   | Name _____ Address _____   |                  |                      |
| Relative or Contact (Not Living With You)                | Name _____ Relationship _____ Complete Address _____ Phone # _____ |                  |                      |

I/We are requesting electric service at the above address or any other location or premises occupied or designated, and as a condition of Gallatin Department of Electricity, hereafter referred to as GDE, providing the service, I/We understand the following: It shall be **unlawful** (1) to obtain or attempt to obtain, by use of any fraudulent means or methods, electric service with intent to avoid payment for the same; (2) to cause another to avoid such payment; or (3) to assist another in avoiding such payment through the making of multiple applications for service at one address, or otherwise.

It is understood that this application or agreement is subject to the Standard Rules and Regulations of GDE on file for inspection at the office of GDE and said Rules and Regulations are hereby made part of this agreement. I/We agree to be responsible for all current consumed at above address or any other location or premises occupied or designated, according to the rate applicable.

**By signing below, I/We understand that if the account is not paid in full after termination of electrical service at the above address, or any subsequent location to which service is transferred or established, I/We are responsible for all fees, including collection fees (an additional 35%) and/or reasonable attorney fees, incurred for the collection of any unpaid bills. Also I/We agree for GDE to perform a credit check on credit performance through a reputable credit reporting agency to determine the applicable security deposit for the service address listed above.**

Signed \_\_\_\_\_ Applicant \_\_\_\_\_ Spouse or Co-Applicant \_\_\_\_\_

**\* Both Applicant and Spouse or Co-Applicant Are Responsible for All Charges As They Relate to This Electric Service Account**

**Do Not Write Below This Line**

Amount of Deposit \$ \_\_\_\_\_ Application Received and Information Verified By \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Personally appeared \_\_\_\_\_ with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) executed the foregoing instrument.

Witness my hand and seal this \_\_\_\_ day of \_\_\_\_\_ 21\_\_ . My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public