

Gallatin Department of Electricity

Application for Commercial or Industrial Electrical Service

Account Name: _____	Federal Tax ID (EIN) #: _____			
DBA (If Applicable): _____	Business Phone #: _____			
Type of Business: _____				
Service Address:				
Number	Street	City	State	Zip Code
Mailing Address (If different than above)				
Number	Street	City	State	Zip Code
Local Contact Name: _____			Title: _____	
Local Contact Phone Number: _____			Email: _____	

Date Service To Be Turned On ____/____/____	Days / Hours of Operation _____
Total Square Footage: _____	Primary Use of Facility _____

Corporate Address:					
(If Applicable)	Number	Street	City	State	Zip Code
Accounts Payable Contact Name: _____					
Accounts Payable Phone Number: _____					
Email: _____					

Contractor Information (If Applicable)			
General Contractor: _____	Electrical Contractor: _____		
Contact Name / #: _____	Contact Name / #: _____		
Contact Email: _____	Contact Email: _____		

Service Information						
Projected Peak KW _____						
Service Type	New	Existing	(If NEW or Adding Load complete Information Below)			
Service Size	100 A	200 A	400 A	600 A	Other	
Wire Size	Number of Runs		Total Connected KVA			
	Voltage		Estimated Max KVA			
120/240V - 1 Phase/ 3 Wire	_____		_____			
277/480V - 3 Phase/ 4 Wire	_____		_____ (Must have prior approval from GDE Engineering)			

I/We are requesting electric service at the above address, 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 according to the rate applicable.

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, 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.

Authorized Signature _____	Title _____
Print Name _____	Date ____/____/____

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

BELOW INFORMATION FOR GDE USE ONLY

Received By/Date _____ Location _____ Amount of Deposit \$ _____ Ex Peak KW _____

COMMERCIAL ACCOUNT REQUIRED DOCUMENTATION

SOLE OWNERSHIP / PARTNERSHIP

- 1 FORM OF GOVERNMENT ISSUED PHOTO ID
- AUTHORIZATION LETTER ON BUSINESS LETTERHEAD (LISTING INDIVIDUALS WHO HAVE AUTHORITY TO CONDUCT BUSINESS FOR THE ACCOUNT)
- BUSINESS LICENSE

LLC/CORPORATION

- AUTHORIZATION LETTER ON BUSINESS LETTERHEAD (LISTING INDIVIDUALS WHO HAVE AUTHORITY TO CONDUCT BUSINESS FOR THE ACCOUNT)
- BUSINESS LICENSE OR ARTICLES OF ORGANIZATION
- TAX EXEMPT/REDUCED TAX FORM (IF APPLICABLE)
- POWER CONTRACT (IF APPLICABLE)

NON – PROFITS

- NON-PROFIT CHARTER / BUSINESS LICENSE
- AUTHORIZATION LETTER ON LETTERHEAD (LISTING INDIVIDUALS WHO HAVE AUTHORITY TO CONDUCT BUSINESS FOR THE ACCOUNT)
- TAX EXEMPT FORM (IF APPLICABLE)