

Gallatin Department of Electricity

Application for Commercial or Industrial Electrical Service

Business Name _____						
Date Service To Be Turned On ____/____/____						
Address for Service _____ <small>Complete Address</small>						
Billing Address (If different than above) _____						
	Number	Street	City	State	Zip Code	
Name, Address & Phone # of Landlord (if Renting)						
	Name	Complete Address				Phone #
Type of Business / Operation _____						

Principle Owner / Stockholder						
Name _____						
	Last	First	Middle			
Home Address _____ <small>Complete Address</small>						
Date of Birth ____/____/____		Phone # ____-____-____		Cell Phone # ____-____-____		
Social Security Number ____-____-____		Driver License Number (State) _____			()	

Principle Owner(s) / Stockholder(s)						
Name _____						
	Last	First	Middle			
Home Address _____ <small>Complete Address</small>						
Date of Birth ____/____/____		Phone # ____-____-____		Cell Phone # ____-____-____		
Social Security Number ____-____-____		Driver License Number (State) _____			()	

IF A DEPOSIT REQUIREMENT IS EQUAL TO OR IN EXCESS OF \$500.00, PLEASE INDICATE WHICH OF THE FOLLOWING WILL BE USED AS A METHOD OF DEPOSIT:
 CASH/CHECK SURETY BOND IRREVOCABLE LETTER OF CREDIT

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 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

Do Not Write Below This Line

Amount of Deposit \$ _____

Application Received and Information Verified By _____