

Box 771218
Steamboat Spgs, CO 80477

YAMPA VALLEY ELECTRIC ASSOCIATION, INC.
ELECTRIC SERVICE REQUEST

Box 217
Craig, CO 81626

FAX 970-871-2271
PHONE 970-879-1160

PLEASE PRINT
(Check which service you are seeking:)

FAX 970-824-7134
PHONE 970-824-6593

DISCONNECT

CONNECT

NEW CONSTRUCTION

TODAY'S DATE: _____ SERVICE EFFECTIVE DATE : _____

APPLICANT: _____
Last First Middle Initial Social Security or Tax ID #

SPOUSAL APPLICANT: _____
Last First Middle Initial Social Security #

IN CARE OF: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHYSICAL ADDRESS OF SERVICE: _____ Lot # _____

CHECK APPROPRIATE TYPE OF SERVICE: COMMERCIAL OR RESIDENTIAL

CONDO/TOWNHOME/APT. NAME: _____ UNIT #: _____

CITY: _____ STATE _____ ZIP _____

CHECK THE APPROPRIATE BOX: I AM THE OWNER OR I AM A RENTER
IS THIS A 30 DAY OR LESS RENTAL UNIT: YES OR NO

PREVIOUS PERSON AT THIS LOCATION (IF KNOWN): _____

The Applicant agrees to pay and be responsible for the electric charges at the location designated above until such time that the Applicant requests and receives discontinuance of service. It is agreed that all bills will be paid by the appropriate due date and failure to do so may result in discontinuance of service. This Application for Electric Service shall constitute a service contract between the Applicant and the Association, a grant of security interests in applicant's future capital credits, and the Applicant agrees to be bound by the Bylaws, Rules and Regulations of the Association. However, in the event an application is not signed, the use of electric service shall constitute such a service contract (General Rules and Regulations: Colorado Sheet #54 and Wyoming Sheet # 37). The Applicant also agrees to pay late fees (penalty interest) of 1.5% per month on all delinquent charges until paid in full, and agrees to promptly reimburse the Association for all collection costs and attorneys' fees incurred by the Association to collect delinquent amounts owed on Applicant's account after default.

Yes, I want to participate in YVEA's "Caring Consumers" Program to have my monthly bill rounded up to the next dollar with those funds being given to charitable organizations.

Yes, I want to participate in YVEA's Automated Bank Draft Payment program (additional form required).

Employer: _____ Employer's Phone #: _____

Home Phone # _____ Cell Phone #: _____

Birthdate: _____ Email Address: _____

Applicant's Driver License # _____ STATE ISSUED: _____

The Applicant certifies that the information provided is true and accurate:

Signature of Applicant: _____

Remarks:

FOR YVEA OFFICE USE ONLY: Previous YVEA Account #: _____
Ser. Map Loc #: _____ Meter #: _____ YVEA Member #: _____
Security Deposit Amount Required: \$ _____ Connect Fee: \$ _____