

Box 771218  
Steamboat Spgs, CO 80477

# YAMPA VALLEY ELECTRIC ASSOCIATION, INC.

Box 217

## ELECTRIC SERVICE REQUEST

Craig, CO 81626

**FAX** 970-879-7270  
**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: \_\_\_\_\_

JOINT APPLICANT (Spouse): \_\_\_\_\_  
Last First Middle Initial

IN CARE OF (Management Co.): \_\_\_\_\_  
last First Middle Initial

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICAL ADDRESS OF SERVICE: \_\_\_\_\_

IS THIS A COMMERCIAL OR RESIDENTIAL SERVICE: \_\_\_\_\_

CONDO/TOWNHOME/APT. NAME: \_\_\_\_\_ UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREVIOUS ACCOUNT NAME WAS: \_\_\_\_\_

NEW OWNER OR RENTER: \_\_\_\_\_ IS THIS A 30 DAY OR LESS RENTAL UNIT? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER PHONE # \_\_\_\_\_

The Applicant agrees to be responsible for the electric charges at the location designated above until such time that the Applicant requests 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, 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 a service contract (General Rules and Regulations: Colorado Sheet #54 and Wyoming Sheet # 41). The Applicant also agrees to pay reasonable attorney's fee and other costs of collection after default and referral to collection service. The Applicant certifies that the information provided is true and accurate.

Home Phone # \_\_\_\_\_ Signature \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security or Tax ID # \_\_\_\_\_ Driver License # \_\_\_\_\_ ST \_\_\_\_\_

\_\_\_\_\_ Yes, I want to participate in YVEA's "Caring Consumers" Electric bill rounding up program.

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

**FOR YVEA OFFICE USE ONLY:** Previous YVEA Account #: \_\_\_\_\_

Ser. Loc # \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ District \_\_\_\_\_ Muni \_\_\_\_\_

YVEA Member # \_\_\_\_\_ Rate code \_\_\_\_\_ Rev code \_\_\_\_\_ Inspection date \_\_\_\_\_

Tran. Loc # \_\_\_\_\_ Next to location \_\_\_\_\_ WO# \_\_\_\_\_

Paid Connect Fee \$ \_\_\_\_\_ Voucher Connect Fee \$ \_\_\_\_\_ After Hours Fee \$ \_\_\_\_\_

YVEA Deposit # \_\_\_\_\_ Deposit \$ \_\_\_\_\_ Refund Deposit: \_\_\_\_\_ Voucher Dep \_\_\_\_\_

**FOR YVEA METER PERSON:**

METER # \_\_\_\_\_ #DIALS \_\_\_\_\_ READING \_\_\_\_\_ SERVICE PERSON \_\_\_\_\_

MULTIPLIER \_\_\_\_\_ DEMAND \_\_\_\_\_ KVAR READING \_\_\_\_\_ DATE \_\_\_\_\_

BRASS TAG READS \_\_\_\_\_ TRANSFORMER # \_\_\_\_\_ METER SEAL # \_\_\_\_\_

**Remarks:**