

YAMPA VALLEY ELECTRIC ASSOCIATION, INC.

2211 Elk River Rd, Steamboat Springs, Colorado 80487 (970)879-1160 FAX-(970)871-2271

3715 East US 40 Craig, Colorado 81625 (970)824-6593 - FAX (970)824-7134

billing@yvea.com

AUTOMATIC SERVICE TRANSFER AGREEMENT

I hereby request Yampa Valley Electric Association, Inc. (herein called the Association) to leave the electric service to the premise described below connected in my name, in the event that anyone other than myself orders it disconnected, unless the order of discontinuation be by judicial and/or lawful mandate.

I agree to pay the connect/transfer fee of \$20.00 per occurrence, which will be added to my first bill. If a security deposit is required, I agree to pay the Association such deposit by the due date which will be stated in my notification letter. I assume responsibility for electric service bill rendered in my name as a result of this agreement. Further, I agree to save harmless and indemnify the Association from and against any liability resulting from this agreement.

I agree to assume responsibility for payment when the account has been disconnected (check one box):

As requested by the previous consumer of record, OR

For any reason, including nonpayment of bills by the previous consumer of record and I agree to pay the past due account balance.

_____ customer must initial

I agree to notify the Association in writing if I sell the property listed below and I understand that this agreement may be cancelled upon written notice by either party.

The Association agrees to read the meter and perform the change in billing records on or as near practical to the date requested by the previous consumer of record of the premises described. The Association assumes no responsibility regarding any dispute as to date of vacancy, lease or rent arrangements at this location.

The Association agrees to notify the applicant, in writing to the address below, when each instance of automatic transfer is made.

STREET ADDRESS _____ DESCRIPTION _____

(i.e. home-condo-apt.)

APPLICANT'S NAME _____

DAYTIME PHONE NUMBER: _____

MAILING ADDRESS: _____

Applicant Signature

Date

FOR ASSOCIATION USE:

Account # _____ Location # _____ Meter# _____

Processed by _____ Effective Date _____

Internet copy is to be printed, filled out and faxed, back to appropriate YVEA Office listed on top of page. You may also email to billing@yvea.com This agreement is not valid unless processed and signed by YVEA and a copy returned to customer.