



# Empire Electric Association, Inc.

801 N Broadway • PO Box K • Cortez CO 81321-0676 Phone (970) 565-4444 • Toll Free 1-800-709-3726 • Fax (970) 564-4404  
www.eea.coop

## CONSUMER INFORMATION / RESIDENTIAL (Print or Type)

**Connect Date:** \_\_\_\_\_

*Rate Options –* \_\_\_\_\_ *Time of Use & Demand* \_\_\_\_\_  
**OR**  
*All Energy* \_\_\_\_\_

**Purchase:** \_\_\_\_\_ **Rental:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_  
Last First Middle Initial

**Drivers License:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
State Number

**Birth Date:** \_\_\_\_\_ **Email Address** \_\_\_\_\_  
Would you like Paperless Billing? YES \_\_\_\_\_ NO \_\_\_\_\_

**Home Ph:** \_\_\_\_\_ **Cell Ph:** \_\_\_\_\_ **Work Ph:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_  
Street or PO Box City State Zip

**Mailing Address:** \_\_\_\_\_  
(If Different than Service Address) Street or PO Box City State Zip

**Second Applicant:** \_\_\_\_\_  
Last First Middle Initial

**Drivers License:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
State Number

**Birth Date:** \_\_\_\_\_ **Cell Ph:** \_\_\_\_\_ **Work Ph:** \_\_\_\_\_

**I (We) authorize Empire Electric Association to connect service at the above address. I (We) authorize Empire Electric Association to process a credit report should the need arise.**

\_\_\_\_\_ **I (We) authorize and give my (our) consent to contact me (us) at the above phone numbers.**

**I (We) understand that a \$20 Connect Fee or a \$45 After 3pm / After Business Hours Fee will be charged on the first bill statement. This form requires a notary's signature and seal when it is not completed in the office...mailed, faxed, or emailed for signature(s).**

\_\_\_\_\_  
**Applicant Signature** Date \_\_\_\_\_

\_\_\_\_\_  
**Second Applicant Signature** Date \_\_\_\_\_

**1st Applicant** \_\_\_\_\_

STATE OF \_\_\_\_\_ }  
County Of \_\_\_\_\_ } ss

Subscribed, sworn to and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

**1st Applicant Signature**

**2nd Applicant** \_\_\_\_\_

STATE OF \_\_\_\_\_ }  
County Of \_\_\_\_\_ } ss

Subscribed, sworn to and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

**2nd Applicant Signature**

### Office Use Only

Membership Number: \_\_\_\_\_ Date Connected: \_\_\_\_\_ Lease/Rental Agreement/Letter \_\_\_\_\_

Deposit: Amount: \_\_\_\_\_ Power ADV: Yes \_\_\_\_\_ No \_\_\_\_\_ Rate \_\_\_\_\_ CSR Initial \_\_\_\_\_