

APPLICATION FOR ELECTRIC SERVICE

THE UNDERSIGNED HERBY MAKES APPLICATION FOR ELECTRIC SERVICE AT THE ADDRESS ON THE REVERSE SIDE AND AGREES TO PAY FOR SAID SERVICE AS MEASURED BY THE COOPERATIVE'S METER ACCORDING TO RATE APPLICABLE.

THE APPLICANT AGREES TO PERMIT AUTHORIZED AGENTS OF THE COOPERATIVE FREE ACCESS TO THE PREMISES OF THE CONSUMER FOR THE PURPOSE OF INSPECTING, READING, REPAIRING OR REMOVING PROPERTY OF THE COOPERATIVE.

THE COOPERATIVE SHALL HAVE THE RIGHT, BUT SHALL NOT BE OBLIGATED, TO INSPECT ANY INSTALLATION BEFORE ELECTRIC SERVICE IS INTRODUCED; OR AT ANY LATER TIME AND RESERVES THE RIGHT TO REJECT ANY WIRING OR APPLIANCES NOT IN ACCORDANCE WITH COOPERATIVE STANDARDS. SUCH INSPECTION OR FAILURE TO INSPECT TO REJECT SHALL NOT BE REGARDED AS AN INSURANCE AGAINST DEFECTS IN INSTALLATION OR WIRING OR APPLIANCES AND SHALL NOT RENDER FRANKLIN ELECTRIC COOPERATIVE LIABLE OR RESPONSIBLE FOR ANY LOSS OR DAMAGE RESULTING FROM DEFECTS IN THE INSTALLATION, WIRING OR APPLIANCES OR FROM VIOLATION OF THE RULES AND REGULATIONS, OR FROM ACCIDENTS WHICH MAY OCCUR UPON CUSTOMER'S PREMISES.

THE APPLICANT AGREES THAT THIS APPLICATION IS SUBJECT TO THE COOPERATIVE'S RATES, RULES AND REGULATIONS; COPIES OF WHICH ARE OPEN FOR INSPECTION AT THE OFFICE OF THE FRANKLIN ELECTRIC COOPERATIVE, AND THAT THESE RATES, RULES AND REGULATIONS, AS SET FORTH IN THE BY-LAWS, OR AS THEY MAY BE HEREAFTER MODIFIED, ARE A PART OF THIS AGREEMENT.

IT IS FURTHER AGREED THAT WITHOUT CHARGE TO THE COOPERATIVE, I GRANT TO IT EASEMENTS OVER LAND OWNED BY ME FOR THE TRANSMISSION AND DISTRIBUTION LINES OF THE COOPERATIVE.

**FRANKLIN ELECTRIC COOPERATIVE**

WITNESSES

\_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ SIGNED BY \_\_\_\_\_  
CUSTOMER'S SIGNATURE

PLEASE INDICATE RACIAL/ETHNIC GROUP BY MARKING CORRECT BOX.

- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- WHITE
- HISPANIC OR LATINO
- NOT HISPANIC OR LATINO

**CUSTOMER INFORMATION**

ACCT NO. \_\_\_\_\_ DEP. NO. \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

911 SERVICE ADDRESS: \_\_\_\_\_

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

PHONE NUMBER \_\_\_\_\_ DR. LIC. NO. \_\_\_\_\_ STATE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

EMPLOYER AND ADDRESS \_\_\_\_\_

EMPLOYER'S PHONE NO. \_\_\_\_\_ POSITION HELD \_\_\_\_\_

SPOUSE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ DR. LIC. NO. \_\_\_\_\_ STATE \_\_\_\_\_

SPOUSE'S EMPLOYER & ADDRESS \_\_\_\_\_

XX

FATHER'S NAME \_\_\_\_\_  
Address Ph. No.

MOTHER'S NAME \_\_\_\_\_  
Address Ph. No.

NEXT OF KIN (OTHER THAN FATHER & MOTHER) \_\_\_\_\_

ADDRESS & PH. NO. \_\_\_\_\_

ARE YOU RENTING PROPERTY? YES ( ) NO ( )

PROPERTY OWNER \_\_\_\_\_ House ( ) Trailer ( ) Apt. ( ) Other ( )

**I (WE) THE UNDERSIGNED, HEREBY AGREE TO PAY ALL AMOUNTS AND CHARGES HERE-  
AFTER INCURRED. FAILURE TO MAKE PAYMENT WHEN REQUESTED IS BASIS FOR LEGAL  
ACTION & THE UNDERSIGNED AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING A  
REASONABLE FEE AND HEREBY WAIVE THEIR RIGHT OF EXEMPTION UNDER THE LAW OF  
THE STATE OF ALABAMA AND ANY OTHER STATE. ALL UNPAID BILLS WILL BE TURNED  
OVER TO A COLLECTION SERVICE.**

\_\_\_\_\_  
SIGNED DATE

PLEASE SEE REVERSE SIDE TO CONTINUE