



Slash Pine EMC

Electric Membership Corporation

Office Use Only	
Pd _____	Date _____
Acct # _____	By _____

Date _____

Application for Electric Service

1 – Name _____

2 – Mailing Address _____
Street / Road Town State Zip

911 Address _____
Assigned No. and Street / Road

3 – SSN _____ Date of Birth _____

Cell Number _____ Home Phone _____

4 – Employed By _____ Phone _____

Employer Address _____ Contact _____

5 – Spouse _____ SSN _____ Phone _____

Employed By _____ Phone _____

6 – Name of Electric Company in which you presently receive service: _____

7 – Have you ever had service with Slash Pine EMC? (check one) Yes No If yes, When _____

8 – Name of the county in which your service is to be located _____

9 – Is there an electric service line existing at this location? Yes No

10 – Do you Rent or Own your home? _____

11 – Landlord Name (Required) _____ Phone _____

Renters MUST PROVIDE a copy of their lease agreement and most current dated rent receipt

12 – Type of Service (check one)

Residential Business Other (please explain) _____

13 - Type of Home Heating (check one) Electric Natural Gas Propane Gas

14 – Type of Water Heater (check one) Electric Natural Gas Propane Gas

15 – Would you like to rent a security light? Yes No If yes, one year agreement is required

The Cooperative does not guarantee continuous and uninterrupted electric service and will not be liable for loss or damages to any consumer's equipment or property caused by any failure to supply electricity or by an interruption or reversal of the supply of electricity if due to any cause beyond the reasonable control of the Cooperative.

I, _____ (applicant), understand the failure to provide true and correct information will result in electric service to either not be established and/or disconnected.

Signed _____ Date _____