

**Applicants must complete all fields.**

**Print and return signed application to Wahkiakum PUD by email: [cs@wahkiakumpud.org](mailto:cs@wahkiakumpud.org), FAX: 360-795-8441,  
by mail: Wahkiakum PUD, PO Box 248, Cathlamet WA 98612 or in person at 45 River Street, Cathlamet**

**BUSINESS ACCOUNT APPLICATION FOR UTILITY SERVICE**

Utility services will be used for  Residential  Commercial  Agricultural  Industrial  Other \_\_\_\_\_

INTENDED USE Describe nature of business \_\_\_\_\_

INTENDED KW LOAD \_\_\_\_\_ Tax ID or Social Security No \_\_\_\_\_

Name of Business \_\_\_\_\_ DBA (if applicable) \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

1. Primary Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

2. Secondary Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Select One  Own/Buying  Renting/Leasing If Renting/Leasing, Landlord \_\_\_\_\_ Phone \_\_\_\_\_

(Optional) Enroll in E-Billing  No  Yes If Yes, provide email address \_\_\_\_\_

I hereby authorize Public Utility District No. 1 of Wahkiakum County to furnish my premises with electric energy and/or water services, subject to all the provisions of PUD Rules and Regulations and Rate Schedules now existing or hereafter adopted, copies of which are available for inspection at all times at the District office, and agree to pay all charges as provided for therein and that the obligations of the parties are covered thereby. All Service Charges are non-refundable. This application shall automatically grant the District the right to access upon the property for the performance of the District's services. "I agree that I am responsible for all services and charges incurred on this account until the account is terminated. I promise to pay such services and charges, together with interest if delinquent and all court costs, costs of collection and attorney's fees, if applicable."

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_