

Applicants must complete all fields. Application must be notarized if returning application by FAX or MAIL.

Return signed and notarized application by FAX 360-795-8441 or by mail to Wahkiakum PUD, PO Box 248, Cathlamet WA 98612.

Customer may opt to return application in person at 45 River Street, Cathlamet WA with acceptable photo identification instead of having application notarized.

APPLICATION FOR RESIDENTIAL SERVICE

This service will be used for (select all that apply): Residential Commercial Agricultural Industrial

1. Applicant Name _____ Social Security No _____
(Last) (First) (Middle)

Driver's License # _____ State _____ Date of Birth _____ Phone _____

Employer Name & Address _____ Phone _____

2. Spouse Roommate Name _____ Social Security No _____
(Last) (First) (Middle)

Driver's License # _____ State _____ Date of Birth _____ Phone _____

Employer Name & Address _____ Phone _____

Service Address _____

Mailing Address _____

(Select One): Own/Buying Home Renting/Leasing If Renting/Leasing, Landlord _____ Phone _____

Emergency Contact (not residing with applicant): _____ 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."

Signature #1 _____ Signature #2 _____ Date _____

Completion of the following information below is voluntary and is collected for Federal statistical purposes only: Please indicate the one of the following racial categories for this applicant: Black Hispanic Asian Indian or Alaskan White. The information will assure compliance with Federal Laws prohibiting discrimination against applicants on the basis of race. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Utility is required to note the race of individual applicants on the basis of visual observation or surname. Update 1/18

Application must be notarized if returning application by FAX or MAIL.

AFFIDAVIT of IDENTITY

Name(s) of Applicant(s) _____

_____,
resident(s) of _____, County of _____

_____, State of _____ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my signature, this the ____ day of _____, 20 ____.

Notary Name (please print)

Notary Phone

Notary Signature

Notary Seal