



LOCKHART POWER COMPANY
ELECTRIC SERVICE APPLICATION

APPLICANT NAME:			
APPLICANT DATE OF BIRTH:		APPLICANT MUST FURNISH SOCIAL SECURITY NO. TO AGENT WITH THIS APPLICATION. AGENT WILL PROVIDE SOCIAL SECURITY NO. TO LOCKHART OFFICE FOR IDENTIFICATION AND CREDIT CHECK.	
DRIVER'S LIC. / TAX I.D. NO.:			
911 ADDRESS:			
MAILING ADDRESS: (IF DIFFERENT THAN ABOVE)			
HOME TELEPHONE NUMBER:		CELL NUMBER:	
EMAIL ADDRESS:			
IF THERE IS SOMEONE OTHER THAN THE APPLICANT WHO CAN MAKE DECISIONS ON BEHALF OF THE APPLICANT, PLEASE LIST THE NAME & TELEPHONE NUMBER:			
Tax Exempt (Yes or No)? If Yes, provide certificate.			

APPLICANT PLEASE READ AND CHECK YES OR NO:

Lockhart Power offers an outdoor security yard light for new customers. This service includes the light, a pole, installation, maintenance and electricity for the light for a flat monthly rate. You can specify the location anywhere on your property.

- Yes, I would like to take immediate advantage of this offer.
- No thank you, I am not interested in this offer at this time.

* Locations which currently have an outdoor yard light installed will be automatically connected.

SIGNATURE OF APPLICANT:	
DATE:	

THIS SECTION IS TO BE COMPLETED BY OFFICE PERSONNEL:

DEPOSIT AMOUNT DUE \$: (AMT BASED ON CREDIT CHECK)		DATE:	
PERMIT NO.:		AGENT:	
VERIFIED VALID DOCUMENTS FOR RIGHT OF SERVICE (CHECK MARK OR "X" IN BOX):		IF MULTIPLE METERS, WOULD CUSTOMER LIKE COMBINED BILL?	