

ROOSEVELT PUBLIC POWER DISTRICT
P.O. BOX 97 MITCHELL, NE 69357
SERVICE REQUEST FORM

DATE OF APPLICATION _____ DATE SERVICE BEGINS _____

NAME _____
DRIVERS LICENSE # _____ STATE _____
SOCIAL SECURITY # _____ DATE OF BIRTH _____
TELEPHONE # _____
EMPLOYER _____ TELEPHONE # _____

SPOUSE OR OTHER PERSON RESPONSIBLE _____
DRIVERS LICENSE # _____ STATE _____
SOCIAL SECURITY # _____ DATE OF BIRTH _____
TELEPHONE # _____
EMPLOYER _____ TELEPHONE # _____

SERVICE ADDRESS: _____ MAILING ADDRESS (if different): _____

RENT OR OWN _____

IF RENTING LANDLORD _____
ADDRESS _____

SIGNATURE _____

DEPOSIT AMOUNT _____
DATE PAID _____
CERTIFICATE # _____
ACCOUNT # _____
LOCATION# _____
DATE SERVICE DISCONTINUED _____
NEW ADDRESS _____

COMMENTS:

NOTE: When signing this agreement you are consenting to allow a credit check.