

# SERVICE REQUEST FORM

ROOSEVELT PUBLIC POWER DISTRICT  
PO BOX 97 MITCHELL, NE 69357



DATE OF APPLICATION \_\_\_\_\_ DATE SERVICE BEGINS \_\_\_\_\_

NAME \_\_\_\_\_  
DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_  
EMPLOYER \_\_\_\_\_

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

SERVICE ADDRESS: \_\_\_\_\_ MAILING ADDRESS (if different): \_\_\_\_\_  
\_\_\_\_\_

RENT OR OWN \_\_\_\_\_  
IF RENTING LANDLORD \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
SIGNATURE REQUIRED TO MAKE ARRANGEMENTS OR ADJUSTMENTS TO THE ACCOUNT

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DEPOSIT AMOUNT \_\_\_\_\_  
DATE PAID \_\_\_\_\_  
CERTIFICATE # \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_  
LOCATION# \_\_\_\_\_

COMMENTS: